DOCUMENT RESUME

ED 259 173 CE 041 891

AUTHOR	Reid, Jamee Noell
TITLE	Practical Nursing, Volume III. Health Occupations Education. [Revised].
INSTITUTION	Oklahoma State Board of Vocational and Technical Education, Stillwater. Curriculum and Instructional Materials Center.
SPONS AGENCY	Oklahoma State Board of Vocational and Technical Education, Stillwater. Div. of Health Occupations Education.
PUB DATE	84
NOTE	1,347p.; For Volumes I and II, see ED 212 909 and ED 229 540. Use of colored paper may affect clarity of reproduction.
AVAILABLE FROM	Curriculum and Instructional Materials Center, Oklahoma Board of Vocational and Technical Education, 1500 West Seventh Avenue, Stillwater, OK 74074 (in-state: $17.00; out-of-state: $35.00).
PUB TYPE	Guides - Classroom Use - Guides (For Teachers) (052)
EDRS PRICE	MF11 Plus Postage. PC Not Available from EDRS.
DESCRIPTORS	Behavioral Objectives; Career Development; Career Education; Competency Based Education; Job Skills; Learning Activities; Learning Modules; *Medical Services; Mental Health; Nurses; *Nursing Education; Postsecondary Education; *Practical Nursing; State Curriculum Guides; Units of Study; Vocational Education
IDENTIFIERS	*Oklahoma

ABSTRACT

This document is a comprehensive guide for instructors to use in teaching the final phase of the practical nursing program. This revised volume contains information related to medical-surgical nursing, mental health nursing, and career success. The section on medical-surgical nursing is composed of many units, dealing with the following subjects: pediatric nursing (which has also been incorporated into many of the other units); organizational and management skills; oncological nursing; and the assessment and management of diseases and disorders of bodily systems and organs. The standardized unit format includes eight basic components: performance objectives, suggested activities for the teacher, information sheets, assignment sheets, job sheets, supplements and transparency masters, tests, and answers to tests and assignment sheets. Depending on the specific objectives, there may or may not be supplements, transparency masters, assignment sheets, or job sheets included in the unit of instruction. All of the unit components focus on measurable and observable learning outcomes. Units are designed for use in more than one lesson or class period of instruction. (KC)

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HEALTH OCCUPATIONS EDUCATION

Practical Nursing
Volume III

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Practical Nursing
Volume III

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1984

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Printed in the United States of America by the
State Department of Vocational and Technical Education
Stillwater, Oklahoma 74074

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DEDICATION

Years ago the nurse was viewed as "an angel of mercy" who fluttered in the background holding charts, handing instruments, running errands, and performing other auxiliary functions to assist the physician. Today the nurse stands with the physician at the patient's bedside and assumes a more decisive role in determining the type of care patients receive. Some physicians resist this role for nurses, while others see the benefits of nurses who have been educated to make decisions and use educated judgments in intervening in the care of patients. When nurses find physicians who understand and encourage their participation, they should work diligently to grow and learn more through this experience.

I found one physician who truly respects nurses. He tells them daily to use their judgment and to make decisions based on their knowledge, and he will back them up. Dr. Lanny F. Trotter believes in nurses and has contributed his time and expertise to this volume of curriculum. I would like to dedicate this *Practical Nursing: Volume III* to him.

J. N. R.

PRACTICAL NURSING
VOLUME III

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FOREWORD

We believe that one of the most effective ways to improve vocational education is through a sound instructional materials delivery system. One of the most effective methods of improving the quality of instructional materials is to research, update, and revise information periodically. Students need the most current technological data to be able to function in a variety of roles within their occupations. Health occupations demand highly skilled and knowledgeable individuals prepared to assume those roles safely and competently.

The revision of *Practical Nursing: Volume III* was needed to complete the areas of study in the practical nursing programs. Units of instruction in this comprehensive volume contain updated information related to medical-surgical and pediatric nursing, mental health nursing, and career success. Each area was carefully researched, written, and validated by health care professionals. Students graduating from our programs require this updated information to master the skills needed as they graduate, complete their nursing examinations, and become employed as licensed practical nurses.

Francis T. Tuttle, Director
Oklahoma State Department of
Vocational and Technical Education

Mary Randall, State Supervisor
Health Occupations Education Division
Oklahoma State Department of
Vocational and Technical Education

PREFACE

The nursing profession and the roles that nurses assume today are greatly changed from past years. Nurses have increased their visibility as they assume additional responsibilities and make more decisions concerning the well-being of their patients. The health professions are becoming more accountable to the people they serve than ever before. The general public is inundated daily with health information, some fact and some fiction, causing great confusion. Nurses today have become resource persons for the public who want the real facts. These factors, plus the changes in health technology, make it necessary for the nurse to learn and expand skills daily.

The *Practical Nursing: Volume III* curriculum is a comprehensive guide for instructors to use in teaching the final phase of the practical nursing program. The revised volume contains information related to medical-surgical nursing, mental health nursing, and career success. Pediatric nursing has been integrated into each unit with specific considerations for that age group. As I researched the information needed to update and revise this volume, I found that there was extensive information available. Deciding the amount and depth of the material to include in this volume was difficult. Nursing educators must make decisions concerning the amount and depth of information needed in the curricula to prepare students to meet the challenges they will find in the nursing profession today. *Practical Nursing: Volume III* provides the basic information needed today to prepare nurses for tomorrow.

Nursing is fast becoming a science-centered field. Nurses prepared through a sound educational structure will be assured a position in any of a variety of nursing roles. Although modern technology is providing the health professions with sophisticated machines and new miracle drugs, nursing still remains an "art." Feelings of compassion and concern are components of nursing care that cannot be obtained from any book. Nurses who possess a combination of these components will always be successful in their profession.

Jamee Noell Reid, Health Occupations
Curriculum Specialist
Curriculum and Instructional
Materials Center
Oklahoma State Department of
Vocational and Technical Education

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BIRTH OF A CURRICULUM

The development of *Practical Nursing: Volume III* can be compared to the process of bringing a child into the world. The conception was a pleasant experience and the prenatal period free of serious complications. The labor was fairly long and at times uncomfortable, and the birth process took a lot of pushing but produced a beautiful product. Just as bringing a child into the world requires assistance, so does the development of a curriculum. Without that assistance, serious complications can occur at any stage of the process. I have had a number of assistants who have given of their time, expertise, and moral support to make the birth of this curriculum possible. My sincere thanks go to all of them.

Prenatal

It is always a comfort to know that throughout the prenatal period there are those close enough to reach out to for a positive word of support or a pat on the back. My sincere thank-you goes to those individuals.

Practical Nursing Instructors

These instructors gave of their time and expertise at committee meetings throughout the gestation period to review and validate the materials developed for this volume. A special thank-you goes to these Oklahoma nursing instructors for nourishing the curriculum in its prenatal period.

Francis Mathis, Instructor, Gordon Cooper AVTS, Shawnee

Ruth McPowell, Instructor, Kiamichi AVTS, Idabel

Sue Mitchell, Coordinator, High Plains AVTS, Woodward

Connie Moody, Instructor, Kiamichi AVTS, Talihina

Lois Robinson, Coordinator, Canadian Valley AVTS, El Reno

An additional thank-you goes to Sue Mitchell and Denelda Golden for always being available as resource persons and for giving moral support throughout my prenatal ups and downs.

Health Occupations Division

Mary Randall, State Supervisor for Health Occupations Education Division

Wanda Wolf, Assistant State Supervisor for Health Occupations Education Division

Central State University, Health Occupations Education Teacher Education

Dr. Fred "Chuck" Mack, Teacher Educator

Practical Nursing Instructors for Committee Input

Throughout their busy days and nights, these instructors took the time to read through the developed units and respond with constructive input to make sure that the "little bundle" was developing properly. Thanks, out there; you are appreciated!

Helen August, Instructor, Oklahoma City Adult Center, Oklahoma City

Julie Cook, Instructor, Mid-America AVTS, Wayne

Elaine Davenport, Instructor, Western Oklahoma AVTS, Burns Flat

Coral Fisher, Coordinator, Oklahoma Northeast AVTS, Afton

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Wendy Hubbard, Coordinator, Kiamichi AVTS, Idabel

Freda Pierce, Instructor, Kiamichi AVTS, Durant

Nettie Watkins, Coordinator, Western Oklahoma AVTS, Burns Flat

Elaine Winters, Instructor, Western Oklahoma AVTS, Burns Flat

Other Nursing Educators and Industry Representatives

Throughout the prenatal period there were many health professionals who gave needed information, monitored growth, and observed for complications. These individuals came from many areas to give their expertise in making sure that each stage of growth progressed normally. Thank-you goes to all of these special individuals.

Mary Ellen Bates, RN, Midwest City Memorial Hospital, Midwest City

Janice Brown, RN, Midwest City Memorial Hospital, Midwest City

Angelline Carroll, LPN, OB-GYN of Stillwater, Stillwater

M. Joe Crosthwait, MD, Ridgecrest Medical Center, Midwest City

Melanie David, RN, Stillwater Medical Center, Stillwater

Sam Earnest, MD, Stillwater Medical Associates, Stillwater

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Cathy Hughes, RN, Presbyterian Hospital, Oklahoma City

Pat Lawson, RN, Stillwater Medical Center, Stillwater
Claudia Loveland, RN, Presbyterian Hospital, Oklahoma City

Kathy Milby, RN, Norman Municipal Hospital, Norman

Cassie Mullins, RN, Presbyterian Hospital, Oklahoma City

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Jane Sutton, LPN, Midwest city Memorial Hospital, Midwest City

Pat Tobin, RN, Presbyterian Hospital, Oklahoma City

Lanny F. Trotter, MD, OB-GYN of Stillwater, Stillwater

Cathy Winters, RN, Oklahoma Memorial Hospital, Oklahoma City

Labor and Delivery

The normal gestation period, which includes the development of the fetus and embryo to birth, is usually 280 days in length divided into 10 months of 28 days each, or 10 lunar months. By the expected day of confinement (EDC), everyone—especially the bearer of the product—is anxious for the delivery. At the time of conception, each curriculum manual is given an EDC. Despite many variables and with the hard labor of each person, the delivery occurs right on schedule. Each individual who shares the labor and delivery experience has an important role in the process.

Development Coordinators

A good coach providing moral support and positive strokes during contractions makes labor and delivery easier for all. I had the good fortune of having two excellent coaches, Joyce Sawatsky and Robert Hilley, to provide that needed support. Thanks to them, we panted our way through the transition phase with super control.

Editors

Thank-you goes to Terri Barnes, Publications Specialist, and to our editors, Sue Buck, Sue Feasley, Terra McCluskey, Susan Walker, and Jerry Weir.

Secretarial Support

A special thank-you goes to Judy DeVaughan, Angela DeVilbiss, Sondi Sikes, and Marsha Sneed.

Resource Center and Film Library

To Susan Hedrick, librarian; Janette Nicholson, library assistant; and Sandra Lewis, film librarian, you deserve many thanks.

Graphics

Thanks to all the typists and artists who used their skills to develop an attractive product any parent would be proud to present to the world. Thank-you goes to Regina Beaney, Gary Bradley, Kim Hale, Kathryn Hansen, Robert Randall, Dana Welborne, and Carrie Williams.

Photographer

Many thanks go to Joan Henderson for her photography skills in providing many of the photographs within this manual. Thanks also go to Stillwater Medical Center, Indian Meridian AVTS, and Bone and Joint Hospital for providing equipment and individuals to assist in this endeavor. Thank-you also goes to Pam Dvorak and Denelda Golden for their time and expertise in the photography sessions.

Print Shop

The delivery room and its sophisticated equipment used to assist the delivery of the product is an important component in a smooth and easy process. Thanks to all the print shop people for their expertise in the use of the equipment to deliver a quality product.

Postnatal

Warehouse

The nursery that nurtures and watches over the new product is an important part of the postnatal period. The right climate must be maintained to ensure that the product has the best chances for survival and growth. The warehouse crew provides just the right climate for my product, and to them I am grateful.

Resale

Announcing the birth of a product is a happy occasion and should be handled with care. The resale group is an important part of the endeavor to announce to the outside that a new product has been delivered and is ready to be admired and cherished. Thanks to the resale group for the job well done.

I am extremely proud of the *Practical Nursing: Volume III* curriculum and am very happy that I had the opportunity to be the primary bearer of this product. The birth of this volume was truly a family effort by the CIMC with the support of the State Department of Vocational and Technical Education. My sincere thanks to my family.

USE OF THIS PUBLICATION

Instructional Units

Practical Nursing: Volume III contains three sections and eighteen units of instruction. The format used by the Oklahoma CIMC includes eight basic components that form a unit: performance objectives, suggested activities for the teacher, information sheets, assignment sheets, job sheets, supplements and transparency masters, tests, and answers to tests and assignment sheets. Depending on the specific objectives, there may or may not be supplements, transparency masters, assignment sheets, or job sheets included in the unit of instruction.

All of the unit components "zero in" on measurable and observable learning outcomes. Teachers are encouraged to supplement, personalize, localize, and motivate with these materials in order to develop a complete teaching/learning process.

Units of instruction are designed for use in more than one lesson or class period of instruction. Careful study of each unit of instruction by the teacher will help him or her determine the following

A. Amount of material that can be covered in each class period
B. Skills that must be demonstrated
  1. Supplies and equipment needed
  2. Amount of practice needed
  3. Amount of class time needed for demonstrations
C. Supplementary materials, such as pamphlets and filmstrips, that must be ordered
D. Resource people who must be contacted

Performance Objectives (white pages)

Each unit of instruction is based on the performance needed for successful employment in an occupational area. Performance objectives are stated in two forms: unit objectives, stating the subject matter to be covered in a unit of instruction; and specific objectives, stating the performance necessary to reach the unit objective.

The objectives should be provided for students and stressed throughout the teaching/learning process. This will help answer any questions concerning performance requirements for each instructional unit. The objectives can also help determine teaching strategies and instructional methods. Prepare for each unit by deciding how each objective can best be taught.

The objective sheet may also be used as a quick pretest to determine students' prior knowledge and to determine whether further study or activities are necessary. Teachers should feel free to modify, delete, or add objectives in order to meet the needs of the students and community. When changes in objectives are made, the teacher should remember to supply the needed information, assignment and/or job sheets, and criterion test items.

Suggested Activities and Supplements (pink pages)

These components are included only in teacher material. The suggested activities page assists teachers during the preparation stage of the teaching/learning process by providing suggestions for delivery and/or presentation during the instructional process. Read the suggested activities before teaching the units to allow time to obtain or reproduce supplemental materials, prepare audiovisual materials, and contact outside resources. Duties of the teacher will vary according to the particular unit.

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The references that are listed are ones used in the development of each unit. They should be used by the teacher to supplement her or his knowledge of the subject area or to help students with particular interests or occupational objectives in the area covered.

Supplements consist of optional material such as crossword puzzles, game instructions, and additional information. Supplements may be copied and used as handouts if desired.

Information Sheet (green pages)

The information sheet provides "must know" content essential for meeting the cognitive (knowledge level) objectives of the unit. The information is written in a topical outline form and is keyed to the specific objectives.

Teachers will find that the information sheet serves as an excellent guide for presenting background knowledge necessary to develop the skills specified in the unit objective. The information sheet may also be used for coordination activities and advisory committees.

Students should read the information sheet before the information is discussed in class. Space is provided in margins for students and teachers to add notes that supplement, localize, personalize, or provide motivation for each unit.

Transparency Masters (white pages)

Transparency masters provide information in a special way. Transparencies direct the class's attention to the topic of discussion. Transparencies may present new information, or they may reinforce information presented in the information sheet. They are particularly effective when identification is necessary. Make or obtain transparencies and place them in the notebook where they will be immediately available for use.

Assignment Sheets (brown pages)

Assignment sheets give students a chance at problem solving, self-assessment, and/or practical experience with the information. They assist students in the application of knowledge that is a necessary prerequisite to skill development. Assignment sheets may be given to the student for completion in class or used for homework assignments. Answer sheets are provided when appropriate, and can be used by the student or teacher for checking student progress.

Job Sheets (blue pages)

Job sheets are another important segment of a unit of instruction. The job sheets provide a list of equipment, tools, and materials needed to complete a manipulative or psychomotor skill. Job sheets describe a step-by-step procedure needed to complete each task or job. Diagrams, photographs, and illustrations are provided to assist students in achieving the skill.

Equipment and materials used in job sheets are not listed in order of use. The order of use should be taught in the classroom. In this way, students will not depend entirely on job sheets for equipment set up.

A teacher should demonstrate the procedures outlined in each job sheet. Furthermore, the teacher needs to localize the job sheet according to the equipment and supplies available in the local lab or shop situation. Job sheets also furnish potential employers with a picture of the skills being taught and the performances they might reasonably expect from a person who has completed this vocational instruction.

Tests (yellow pages)

This component provides criterion-referenced evaluation of every objective listed in the unit of instruction. It is crucial to note that both paper/pencil and performance objectives must be evaluated.

The tests may be written or oral. It is recommended that the tests be divided into shorter tests covering three or four objectives at a time and given soon after those objectives have been covered. A selection of questions from the units covered may be used for final tests at the end of each term if desired. If objectives have been added, deleted, or modified, be sure to make the changes on the test.

The acceptable response on a unit test, 85 percent in most units, may be raised or lowered to fit the topic or students' ability levels. The percentage applies to the overall score, not to each question. The final unit grade should be obtained by using the paper/pencil score along with evaluations of the student's demonstrations of the desired skills.

Answers to Test and Assignment Sheets (pink pages)

These components are designed to assist the teacher in evaluation of student performance.

Page Numbering

Each publication from the Curriculum and Instructional Materials Center is assigned a specific abbreviation. For example, *Practical Nursing: Volume III* has been abbreviated PN III. The units are then numbered consecutively within the manual. An example of a page number is PN III-1-A. Since CIMC publications are loose leaf, this system of page numbering was adopted so that pages from different manuals would not get mixed up.

Methods of Disseminating Material

Material may be given out a unit or page at a time to keep the material before the student always new. Some teachers ask students to furnish a three-ring binder for the units. This is convenient for taking the materials home to study. Upon completion, each unit is then placed in a larger binder. The large binders may be purchased at cost from the CIMC. Some teachers store the materials by units in filing cabinets or boxes until needed. All the units may be given out at once if desired.

For best results, provide student materials for each student. Student materials contain everything but the test answers, answers to assignment sheets, and suggested activities. All tests are collated at the back of student material and should be removed and stored until needed.

Teaching Methods

It is a challenge to keep students motivated. Supplement the objectives by providing the "why," personal experiences, and current information. Prepare for each unit by deciding how each objective can best be taught. Allow students to become involved in preparing and planning.

Competency Profiles

Competency profiles are folders used to document student performance. The profile contains a list of the specific job competencies that should be achieved prior to leaving the training program.

CORRECTIONS AND SUGGESTIONS

The Curriculum and Instructional Materials Center wants to provide vocational instructors and students with materials that are accurate and effective. Although the Center strives to maintain the highest standards of development and production, oversights occasionally do occur. If you find any errors in this or other CIMC publications, or have suggestions for improving their usefulness in vocational programs, please notify the CIMC staff. One easy way of pointing out errors is to make a photocopy of the affected page and to indicate the correction on the copy. You can mail the information to the CIMC, where it will be used to correct the publication before the materials are reprinted.

To ensure that the material is updated on a timely basis, it is important that you notify the Center of necessary corrections as soon as possible after discovering the error. Do not assume that someone else will notice the error and inform the CIMC; other users may be making the same assumption. Please send corrections and recommendations for improving this publication to the following address:

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Technical Education
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INTRODUCTION TO MEDICAL-SURGICAL NURSING
UNIT I

UNIT OBJECTIVE

After completing this unit, the student should be able to complete a care plan for a medical-surgical patient. The student will show this knowledge by completing the assignment sheet and unit test with a minimum score of 85 percent.

SPECIFIC OBJECTIVES

After completing this unit, the student should be able to

1. Match to their correct definitions terms associated with medical-surgical nursing.
2. List general causes of diseases and disorders.
3. Match to their correct definitions classifications of diseases and disorders.
4. List general indications of diseases and disorders.
5. List factors that affect the patient's reaction to diseases and disorders.
6. State ways the nurse can assist patients in coping with reactions to diseases and disorders.
7. State the purposes of medical-surgical treatment.
8. Distinguish between local and systemic symptoms of inflammation or infection.
9. Describe general nursing interventions for treating patients with inflammation or infection.
10. Select from a list objective symptoms of pain.
11. State factors that affect a patient's reaction to pain.
12. Describe nursing interventions used in treating a patient with pain.
13. Match types of shock to their correct causes.
14. Select from a list symptoms of shock.
15. Describe nursing interventions for treating shock.
16. List the causes of hemorrhage.
17. Match types of hemorrhage to their correct descriptions.

OBJECTIVE SHEET

18. Select from a list the symptoms of hemorrhage.
19. State nursing interventions used in the treatment of hemorrhage.
20. Describe major areas of nursing responsibilities for medical-surgical patients.
21. List the components needed to complete a care plan.
22. Complete a care study for a medical-surgical patient.

INTRODUCTION TO MEDICAL-SURGICAL NURSING
UNIT I

SUGGESTED ACTIVITIES

I. Unit contents

   A. Objective sheet

   B. Suggested activities

   C. Supplement #1 — Pressure Points to Control Bleeding

   D. Information sheet

   E. Assignment Sheet #1 — Complete a Care Study for a Medical-Surgical Patient

   F. Answers to assignment sheet

   G. Test

   H. Answers to test

II. Instructor's guide

   A. Order filmstrips to supplement unit.

      1. *Crisis in Acute Illness*

      2. *Crisis in Hospitalization*

      3. *Introduction to Shock*

      (NOTE: The filmstrips listed above are available from the Trainex Corporation, P.O. Box 116, Garden Grove, California 92641.)

      4. *Nurse-Patient Interaction,* available from Concept Media, P.O. Box 19542, Irvine, California 92713.

   B. Make copies of Supplement #1.

   C. Introduce unit by focusing on medical-surgical nursing as a speciality area.

   SUGGESTIONS:

   - Show filmstrip *Crisis in Hospitalization,* pointing out the anxiety of the ill person and the care given to that patient by the medical-surgical nurse.
   - Tour a medical-surgical unit. Ask the head nurse to speak to the students about the unit and specific care the unit gives to patients.

   D. Provide students with objective sheet.

SUGGESTED ACTIVITIES

E. Discuss unit and specific objectives.

F. Provide students with information and assignment sheets.

G. Discuss information and assignment sheets.

1. Use Information Sheet, Sections I through III to discuss the various types of illnesses and the major causes of diseases and disorders.

   SUGGESTIONS:

   - Make bulletin boards showing examples of current information related to causes of diseases and disorders. Use periodicals and newspapers as source materials.

   - Have students list all of the diseases and disorders that they can classify in the various groups in Sections II and III.

2. Review the general indications of diseases and disorders listed in Information Sheet, Section IV, and discuss Information Sheet, Section V, factors that affect the patient's reactions to diseases and disorders.

   SUGGESTION:

   - Ask students to give examples of how they have reacted to illness in the past and how they have coped with the treatment and recovery.

3. Discuss Information Sheet, Section VI, and have students practice ways of assisting patients in coping with common reactions to diseases and disorders.

   SUGGESTIONS:

   - Divide the class so that half of the students play the role of patients with a variety of diseases and disorders, and the other half play the role of nurses. Have the "patients" role-play their reactions while the nurses practice assisting them with coping. After this practice, reverse the situation so that all students have the opportunity to play both roles. After the simulation, have the students discuss the effectiveness of their roles.

   - Show the filmstrip *Nurse-Patient Interaction.*

4. Using Information Sheet, Section VII as a guideline, discuss the purposes of medical-surgical treatment.

   SUGGESTION:

   - Give examples of treatments for each purpose; encourage students to discuss treatments in terms of these purposes.

SUGGESTED ACTIVITIES

5. Emphasize information in Information Sheet, Sections VIII and IX, making sure that students understand the significance of recognizing early signs of inflammation before full-blown infection occurs.

   SUGGESTION:

   - Show pictures of the early signs of inflammation and later signs of infection. Discuss nursing interventions that may have prevented the spread or development of the infection.

6. Cover information in Information Sheet, Sections X through XII, focusing on recognizing signs of pain and providing interventions necessary to assist patients in managing their pain.

   SUGGESTIONS:

   - Show the filmstrip *Care in Acute Illness*.
   - Have students relate their feelings about their experiences with physical pain. Note that there are various levels of tolerance for pain.
   - Role-play situations in which students must interpret patients' reactions to pain.

7. Review the various medical-surgical conditions in which shock may occur. Discuss the nursing interventions that should be used in the treatment of shock. Use Information Sheet, Sections XIII through XV.

   SUGGESTIONS:

   - Show filmstrip *Introduction to Shock*. Discuss information concerning signs and symptoms of shock and treatment of early symptoms.
   - Refer students to appropriate sections of *Practical Nursing Volume II* for review of various types of shock.

8. Give examples of types of diseases and disorders in which hemorrhage could result or be a complication. Use Information Sheet, Sections XVI through XIX to review types of hemorrhage and the intervention and treatment of each.

   SUGGESTIONS:

   - Use Supplement #1 to show the pressure points to control bleeding if these have not already been covered in a first-aid course.
   - Demonstrate in the laboratory area the skills needed to control or stop various types of hemorrhage.
   - Refer students to appropriate sections of *Practical Nursing Volume II* for review of various causes of hemorrhage.

SUGGESTED ACTIVITIES

9. Discuss Information Sheet, Sections XX and XXI. Have students apply this information by completing Assignment Sheet #1.

   SUGGESTIONS:

   - Complete a care plan as a sample of what is expected of the student in completing the required study in Assignment Sheet #1. Explain how the outline of general information is used as a plan for each patient they will care for.
   - When completing Assignment Sheet #1, have students use information in Information Sheet, Section XX related to patients they are caring for at the time. Have them add any additional care interventions they see as important.
   - Provide students with your institution's care plan format if it is different from the one provided in Assignment Sheet #1. At this time, care plans should contain more depth because students now have a broader knowledge base.

H. Give test.

I. Reteach and retest if necessary.

III. Unit references

A. Brunner, Lillian Sholtis, and Doris Smith Suddarth. *The Lippincott Manual of Nursing Practice*, 3rd ed. Philadelphia: J.B. Lippincott Company, 1982.

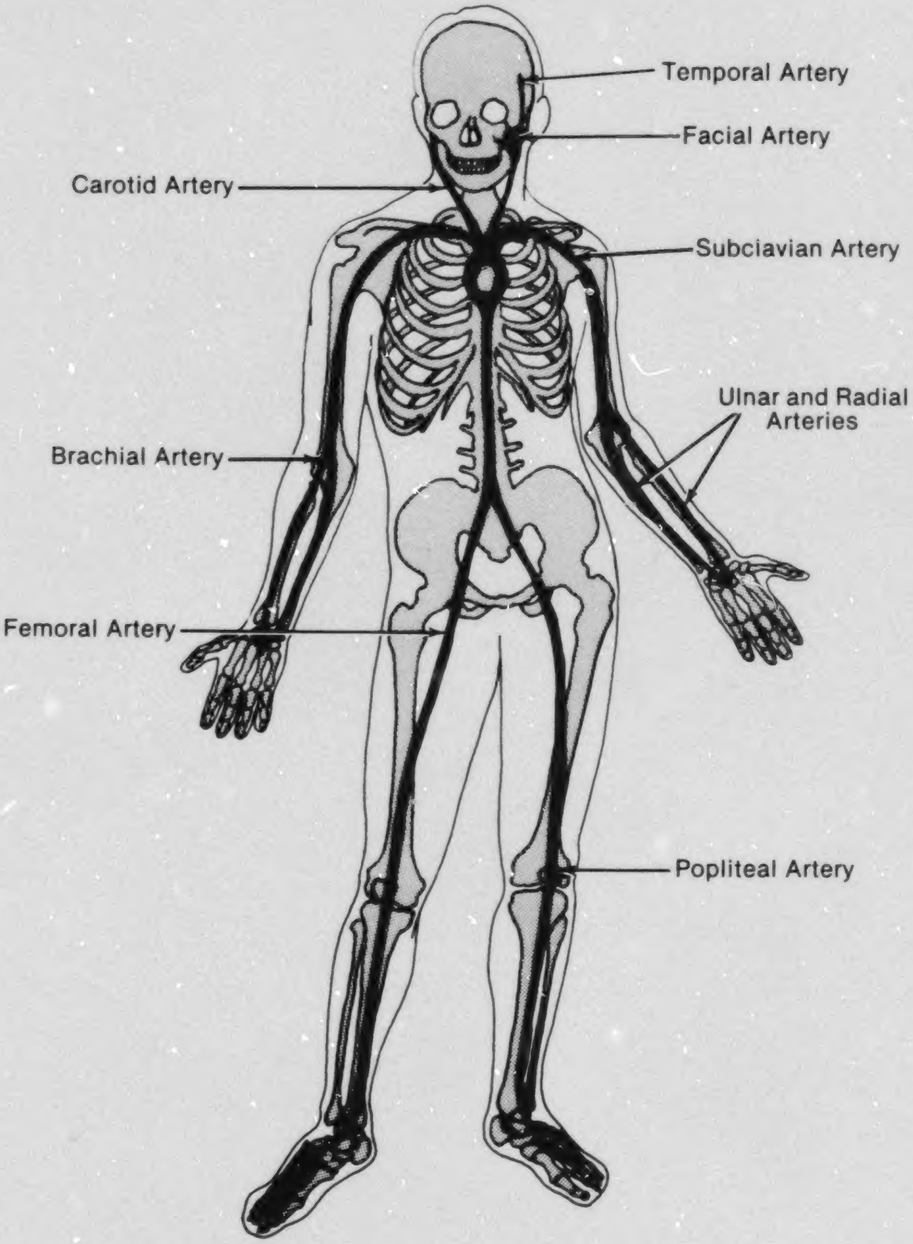
B. Rogers, Helen V. *Nursing III: A Course of Study*. Stillwater, Oklahoma: State Department of Vocational and Technical Education/Curriculum and Instructional Materials Center, 1976.

C. Rosdahl, Caroline Bunker. *Textbook of Basic Nursing*, 3rd ed. Philadelphia: J.B. Lippincott Company, 1981.

D. Scherer, Jeanne C. *Introductory Medical-Surgical Nursing*, 3rd ed. Philadelphia: J.B. Lippincott Company, 1983.

SUGGESTED ACTIVITIES

SUPPLEMENT #1 — PRESSURE POINTS TO CONTROL BLEEDING


Temporal Artery
Facial Artery
Carotid Artery
Subclavian Artery
Ulnar and Radial Arteries
Brachial Artery
Femoral Artery
Popliteal Artery

INTRODUCTION TO MEDICAL-SURGICAL NURSING
UNIT I

INFORMATION SHEET

I. Terms and definitions

A. Medical-surgical nursing — Medicinal or combined medicinal and operative procedures used to care for individuals with specific diseases or disorders

B. Diseases and disorders — Pathological conditions or upsets of normal body functions that are due to specific or idiopathic causes and that exhibit characteristic symptoms

C. Idiopathic — Pertaining to diseases arising spontaneously or from an obscure or unknown cause

D. Iatrogenic — Any adverse mental or physical condition induced in a patient because of treatment by a physician or surgeon

E. Neoplasm — New growth

F. Benign — Not malignant or recurrent

G. Malignant — Pertaining to or denoting progressive growth of certain tumors that may spread to other sites

H. Hemorrhage — Abnormal discharge of blood from the vessels into the tissues, into the body, or from the body

I. Shock — Depressed condition of many of the body functions caused by ineffective circulation of blood

J. Ligature — Cord or thread used for tying a blood vessel

K. Blood dyscrasia — Any abnormal condition of the formed elements of the blood or of the constituents required for clotting

II. General causes of diseases and disorders

(NOTE: Age, heredity, sex, general physical condition, and the environment may be predisposing causes of various illnesses. Some diseases are idiopathic with cause unknown. Other adverse conditions may be iatrogenic.)

A. Congenital defects

EXAMPLE: Cardiac anomalies can cause vascular and respiratory disorders.

INFORMATION SHEET

B. Prenatal influences

EXAMPLES: X rays of mother may cause fetal deformities; drugs and maternal infections may cause fetal deformities and retardation.

C. Injuries

EXAMPLE: Car accidents can cause major damage to bones and tissue that result in acute or chronic conditions.

D. Inherited/genetic defects

EXAMPLES: Sickle-cell anemia, Down's syndrome

E. Environmental deficiencies

EXAMPLE: Deprivation of love and stimulation may cause a failure-to-thrive condition in infants.

F. Local infections or systemic condition

EXAMPLE: A wound infection may lead to septicemia.

G. Chemical agents

EXAMPLES: Accidental or intentional ingestion of drugs, poisons, or gases

H. Neoplasms

(NOTE: Neoplasms may be either benign or malignant.)

EXAMPLES: Lipomas (benign), melanomas (malignant)

I. Emotional stress

(NOTE: Emotional stress can aggravate and cause a variety of diseases and disorders.)

EXAMPLES: Ulcers, hypertension, palpitations, asthma

III. Classifications of diseases and disorders

(NOTE: In order for the nurse to plan appropriate care, it is important that the nurse understand the disease or disorder. For example, a coal miner suffering from an occupationally caused disease such as black lung will require physical as well as rehabilitative and supportive care.)

A. Occupational — Resulting from conditions related to job tasks

INFORMATION SHEET

B. Infectious — Resulting from contamination by microorganisms

C. Traumatic — Resulting from physical injuries or extreme mental stress

D. Hereditary — Resulting from genetic transmission from parent(s) to embryo

E. Neoplastic — Resulting from new growth of abnormal tissue

F. Metabolic — Resulting from a disturbance of one or more endocrine glands responsible for internal secretions

G. Congenital — Resulting from many factors, including chromosomal abnormalities and intrauterine environment; condition present at birth

H. Deficiency — Resulting from lack of one or more vitamins or minerals in the diet

I. Environmental — Resulting from climate, atmosphere, or surroundings

J. Autoimmune — Resulting from body's immune mechanisms producing antibodies against normal parts of the body

EXAMPLE: Hemolytic anemia

IV. General indications of diseases and disorders

A. Inflammation and infection

B. Change in cardinal signs

(NOTE: Changes in cardinal signs often indicate specific conditions. The nurse should be able to distinguish these changes and to intervene.)

C. Pain

D. Shock

(NOTE: Symptoms of shock will depend on the system involved and the cause of the disease or disorder.)

E. Hemorrhage

F. Fluid and electrolyte imbalances

(NOTE: Homeostasis is essential to life and health. Imbalances may cause illness, and results can be severe or prolonged. The nurse must be constantly alert to changes in the patient's condition that may indicate fluid or electrolyte imbalances.)

G. Malaise

INFORMATION SHEET

V. Factors that affect the patient's reaction to diseases and disorders

A. Patient's cultural beliefs

(NOTE: Many cultures view illness as a sign of weakness.)

B. Type of illness

EXAMPLE: A patient with a venereal disease may be unwilling to admit the condition, have a difficult time accepting treatment, or be embarrassed to obtain assistance.

C. Psychological impact

EXAMPLES: Many patients fear that diseases or injuries may alter their body image or affect the normal functioning of their body.

Some patients fear that the illness will cause them to lose control of their lives.

Some patients may be afraid of the actual illness, dying, being alone, or losing their ability to care for themselves.

D. Past experiences with illness

E. Attitude of caregiver

VI. Ways to assist patients in coping with reactions to diseases and disorders (Table 1)

(NOTE: A variety of factors affect a patient's reaction to illness. Nurses must learn to put their own feelings aside and to understand the total patient. Also, nurses must try to assess the specific cause of a patient's reactions to an illness and to deal with reactions appropriately.)

TABLE 1

Patient's Reaction	Nursing Interventions
Fear (NOTE: A patient may show fear openly or may repress fear while becoming demanding, hostile, or combative.)	Help patient verbalize fears Explain all procedures and treatments Allow patient more control in planning necessary care

INFORMATION SHEET

Patient's Reaction	Nursing Interventions
Anxiety (NOTE: An anxious patient may or may not show symptoms of anxiety, but an anxious patient who behaves in a complacent and nonchalant manner may try to be totally independent and ignore medical orders.)	Encourage patient to express anxious feelings Answer questions as honestly as possible Explain all procedures step by step
Depression	Give patient opportunity to grieve Accept patient's responses Provide support
Rejection	Help patient develop warm, trusting relationships with family, friends, and staff Work with family and friends to help them understand the problem(s) that the patient is experiencing
Regression	Show patient how to regain control in personal situation Involve patient in making decisions concerning necessary care (if possible) Help patient to be as independent as illness allows
Suspicion	Explain all procedures before and during the process Tell appropriate person that patient may need to see parts of chart to substantiate information Answer all questions honestly
Withdrawal (NOTE: Withdrawn patients are those who do not make eye contact with visitors or nurses. Also, withdrawn patients rarely [if ever] call nurses and seldom [if ever] ask questions.)	Develop open rapport Provide for continuity of care by staff

INFORMATION SHEET

VII. Purposes of medical-surgical treatment

  A. To cure diseases and disorders

  EXAMPLES: Surgical repair of an injury; use of specific antibiotics for an infection; bed rest, diet, and fluid intake to help the body use its own defenses

  B. To alter progress and outcome(s) of illnesses

  (NOTE: Early diagnosis and arrest are the best methods of altering the progress of a disease. If the disease process continues, the severity of the illness' outcome may be reduced by therapy and rehabilitation.)

  C. To provide supportive therapy for patients with incurable conditions

  (NOTE: The main thrust of supportive therapy is to maintain the patient's functions as near to normal as possible and to treat symptoms palliatively.)

  EXAMPLES: Chemotherapy, diet changes, physical therapy

VIII. Local and systemic symptoms of inflammation or infection

  A. Local

    1. Swelling
    2. Pain
    3. Tenderness
    4. Redness with or without heat
    5. Loss of function

  B. Systemic

    1. Abnormal temperature
    2. Changed pulse or respiratory rate
    3. Headache
    4. Restlessness or listlessness
    5. Flushed skin
    6. Generalized discomfort
    7. Nausea and vomiting
    8. Increased number of white blood cells
    9. Change in fluid balance

INFORMATION SHEET

IX. Nursing interventions for treating patients with inflammation or infection

- A. Observing medical asepsis to prevent further infection or the spread of infection
- B. Providing rest for affected area to prevent spread of infection and to prevent stress on infected/inflamed site

  EXAMPLES: Supporting area on pillows, putting patient on complete bed rest

- C. Protecting affected area from further injury or complications

  EXAMPLES: Placing a bed cradle over the inflamed area to keep linens from touching or putting pressure on the site, positioning patient to prevent further irritation, placing some type of dressing over area

- D. Applying heat or cold to the area as prescribed by physician
- E. Monitoring vital signs as often as indicated

  (NOTE: An elevation of vital signs may be an early sign of infection.)

- F. Administering antipyretic drugs to reduce fever

X. Objective symptoms of pain

- A. Skin may either become pale, cool, and moist or become red, hot, and dry
- B. Facial expression may become drawn or distorted

  (NOTE: Use descriptive notes to explain the facial expression.)

- C. Pulse may increase or decrease in rate and strength
- D. Respiration will show an increase in rate
- E. Blood pressure may rise or fall
- F. Skeletal muscles may become tense or rigid
- G. Gastric distress may result in retching with or without vomiting or may result in anorexia
- H. Physical activities may include patient's becoming restless, moving only when necessary, or assuming a particular position to avoid pain
- I. Mental and emotional activities may vary from patient's being very quiet and apathetic to patient's being very complaining, demanding, and irritable

INFORMATION SHEET

XI. Factors that affect a patient's reaction to pain

- A. Previous experience with pain
- B. General state of health
- C. Pain threshold
- D. Anxiety produced by pain
- E. Ability to relax or be distracted from pain
- F. Perception of what pain means
- G. Source or cause of pain

  EXAMPLE: Cancer versus canker sore
- H. Mental state

XII. Nursing interventions used in treating a patient with pain

(NOTE: Before using drug therapy, other measures should be taken to reduce stress and pain. The nurse should be able to assess the patient's complaints of pain and to intervene appropriately. Drug therapy should be used only after other measures to reduce stress and pain have proved ineffective.)

- A. Assess nature of pain
  1. Consider source of pain and diagnosis of patient
  2. Ask questions to help determine the location, duration, quality, and nature of pain
  3. Ask patient to describe pain in own words

     (NOTE: Some people use the term "pain" to mean any type of discomfort. For example, a patient complaining of pain between the shoulder blades may actually be feeling pressure or irritation caused from wrinkled sheets.)
  4. Use all observation skills to verify and clarify nature of pain

     EXAMPLES: Check tightness of dressings, ask about fullness of bladder, inspect cast to determine if it is too tight or if it is rubbing, determine whether patient's position is causing discomfort.

INFORMATION SHEET

5. When patient complains of pain, observe patient's facial expression and body movements

6. Notice whether patient can be distracted from pain

   EXAMPLES: When visitors arrive or when television is on

7. Check to see if patient's complaints of pain are voiced in anticipation of outside stimuli

   EXAMPLES: Time for pain medication, doctor's rounds, painful procedures

8. Document subjective and objective indications of type and location of pain

B. Evaluate physical comfort of patient

1. Check environmental conditions in patient's room

   EXAMPLES: Ventilation, temperature, humidity, unpleasant odors, glare

2. Check patient's bed

   EXAMPLES: Is position of bed providing comfort?
   Are linens smooth?
   Are linens clean?

3. Check patient's position

   EXAMPLES: Legs or arms elevated on pillows, pelvic traction applied with patient in correct position

   (NOTE: The patient's position is particularly significant when position is part of therapy or treatment.)

C. Provide measures to relieve or prevent patient's pain

1. Correct any environmental discomforts

   EXAMPLES: Apply more blankets or change the thermostat, smooth bed linens, close draperies, monitor visitors.

2. Loosen, replace, remove, or pad any dressings, casts, or traction equipment as needed

   EXAMPLES: Replace wet and soiled dressings, change tape on dressing if it is irritating skin, reapply traction equipment, or change position as allowed.

INFORMATION SHEET

3. Encourage patient to verbalize feelings about discomfort and pain

   (NOTE: Sometimes patients feel better after telling someone about their pain.)

4. Massage pressure areas

5. Give back rub

6. Change position of patient or of patient's bed

7. Support incisional area, when appropriate, when patient is coughing

D. Select, administer, and evaluate use of analgesics and narcotics

1. Check physician's order for pain medication

2. Check nursing notes for specific times of patient's complaints of pain and of administration of pain medication

3. Select appropriate medication for type and amount of pain

   EXAMPLE: If patient complains of backache, and the physician has ordered Tylenol #3 for discomfort and Demerol 75 mg to 100 mg for pain, try massage first if not contraindicated. If patient continues to complain of backache without other symptoms, administer Tylenol #3.

4. Document on patient's chart both desired and untoward effects of all drugs given

   EXAMPLES: "Backache relieved by medication."

   "Expresses complaints of dizziness following administration of medication."

5. Be aware that certain drugs routinely taken by patient may alter the effect of drugs used to relieve pain

   (NOTE: Some drugs may potentiate the effects of other drugs or may block the effects of drugs used to alleviate pain.)

   EXAMPLES: Vistaril potentiates the action of Demerol; Dilantin *may* block the effects of some narcotics.

XVII. Types of shock and their causes

A. Neurogenic — Psychological factors

   EXAMPLES: Pain or fright

INFORMATION SHEET

B. Hematogenic — Decreased blood volume

EXAMPLES: Severe bleeding or loss of plasma in burns or extensive injury

C. Cardiogenic — Impaired function of the heart

D. Anaphylactic — Hypersensitivity to foreign protein or drug

E. Septic — Bacterial infection

F. Electrical — Passage of current through the body

G. Insulin — Overdose of drug

XIV. Symptoms of shock

(NOTE: These symptoms may appear gradually or suddenly and may or may not follow this sequence. Patients may not be aware of early symptoms. The nurse must be alert to prevent further symptoms.)

A. Restlessness or lethargy

B. Dizziness

C. Thirst

D. Nausea or vomiting

E. Slight pulse increase followed by thready, rapid pulse

F. Decreased blood pressure

G. Shallow, rapid respiration

H. Gradual decrease of temperature

(NOTE: The temperature of patients experiencing septic shock will increase.)

I. Cyanosis of lips, ear lobes, and fingernails

J. Cold, clammy, pale skin

K. Mental confusion

L. Unconsciousness

M. Decrease in urinary output

INFORMATION SHEET

XV. Nursing interventions for treating shock

(NOTE: Actions should be carried out according to the cause and severity of shock symptoms.)

A. Report symptoms immediately

B. Place patient in flat position unless contraindicated

C. Check vital signs frequently

D. Maintain body temperature

(NOTE: Avoid getting the patient too warm; this may cause increased perspiration and fluid loss.)

E. Treat the *cause* of shock as indicated

EXAMPLES: Relieve pain, control hemorrhage, splint fractures, administer oxygen, give appropriate medications, increase IV fluids.

XVI. Causes of hemorrhage

A. Physical injuries

B. Surgical incisions

C. Loosened or slipped ligatures

(NOTE: Internal bleeding may be caused from deep vessel bleeding where ligatures have either come loose or slipped.)

D. Blood dyscrasias

EXAMPLE: Hemophilia, depressed platelet count

E. Side effects of medications

EXAMPLES: Heparin, Coumadin, aspirin

F. Complications of childbirth

G. Ruptured blood vessels

EXAMPLE: Aneurysm

H. Medical conditions

EXAMPLES: G.I. bleeding, metastasis

INFORMATION SHEET

XVII. Descriptions of types of hemorrhage

A. Arterial — Bright red; spurting or flowing intermittently

B. Venous — Dark red; flowing continuously

C. Capillary — Oozing continuously

XVIII. Symptoms of hemorrhage

(NOTE: Patients may exhibit one or more symptoms of hemorrhage.)

A. Pale, cold, moist skin

B. Chills

C. Lowered blood pressure, decreased temperature, increased pulse rate, increased respirations

D. Air hunger

E. Restlessness and apprehension

F. Thirst

G. General weakness

H. Bloody or coffee-ground emesis

(NOTE: Bloody or coffee-ground emesis usually indicates gastric bleeding.)

I. Bloody or dark, tarry stools

(NOTE: Bloody or dark, tarry stools usually indicate intestinal bleeding.)

J. Unconsciousness

XIX. Nursing interventions used in the treatment of hemorrhage

(NOTE: Take *immediate* steps to stop blood flow if hemorrhage from massive bleeding is evident.)

A. Apply pressure or pressure dressings to control bleeding; do not use tourniquets

(CAUTION: Do not remove old dressings as this could break blood clots needed to slow or stop bleeding. Add new dressings over old.)

B. Reassure patient and make patient comfortable

INFORMATION SHEET

C. Immediately report any bleeding to supervisor or physician

D. Check vital signs frequently

E. Check frequently for any change in color, rate, or amount of bleeding

(NOTE: Be sure to check for external bleeding by looking underneath patient. If blood seeps through or under dressings, it will pool under the patient.)

F. Observe for shock symptoms

XX. Major areas of nursing responsibilities for medical-surgical patients

(NOTE: The nurse should consider a patient's physical comfort and safety, condition, and need for emotional support *before* making a care plan.)

A. Assess patient's condition

1. Take and document vital signs as prescribed

2. Document intake of food and fluids

EXAMPLES: Oral, parenteral

3. Document time, color, amount, and character of urine and feces

4. Document level of consciousness and responses

5. Document complaints

(NOTE: Use patient's exact words when they are pertinent.)

B. Provide for physical comfort and safety

1. Keep skin clean and dry

2. Assist patient with range-of-motion exercises

(NOTE: Exercise aids circulation and prevents contractures.)

3. Change patient's position frequently

4. Maintain proper body alignment

5. Keep linens clean and free of wrinkles

INFORMATION SHEET

6. Control environment as needed

   EXAMPLES: Temperature, humidity, air circulation, noise level

7. Use safety devices as indicated

   EXAMPLES: Side rails, restraints

8. Prevent undue pressure on affected areas

   EXAMPLE: Use bed cradles

C. Provide emotional support

1. Explain all regulations, procedures, and treatments

2. Encourage patient and family to ask questions and to discuss concerns

   (NOTE: Report patient's concerns and questions to proper person.)

3. Respect patient's beliefs

4. Offer reassurance when needed

5. Show empathy for patient and family

XXI. Components of a care plan (Assignment Sheet #1)

A. General information about the patient

   EXAMPLES: Age, name or initials, sex, occupation, past medical history, primary diagnosis, symptoms, vital signs on admission

B. Current information for this hospitalization (care plan in Kardex)

   EXAMPLES: Medications patient is presently taking, diagnostic tests and results, surgical procedures or medical treatments

C. Student's care plan

   EXAMPLES: Medication administered, treatments given, procedures performed, needs and problems, nursing actions, patient teaching

D. Patient teaching and discharge planning

E. Evaluation of nursing care

INTRODUCTION TO MEDICAL-SURGICAL NURSING
UNIT I

ASSIGNMENT SHEET #1 — COMPLETE A CARE STUDY FOR A MEDICAL-SURGICAL PATIENT

NAME ______________________________ SCORE ____________

A care study is a complete summary of information on a specific patient. It is composed of various components taken from the chart and the Kardex. When completed, this care study can be used as a valuable tool for assessing nursing care.

Part I asks for general information. You may use the patient's chart or you may decide to interview the patient to obtain this data.

Part II is an overall care plan. This information should come from the chart and care plan in the Kardex.

Part III is your own care study. Some of this information can be taken from the chart or Kardex, but for the most part, this information should be developed by you and individualized for the patient.

Part IV provides a place to document discharge planning and patient teaching.

Use Part V to evaluate the nursing care you provided and the actions you took.

EXAMPLES: Reactions to medications you have given, treatments you have given, daily care, patient teaching, discharge planning

PART I

Complete this part of the care study by using the patient's chart or by interviewing the patient.

GENERAL INFORMATION

Patient's initials ____________________ Date ____________________

Age ____________________ Occupation ____________________

Sex ____________________ Admitting vital signs ____________

HISTORY (MEDICAL AND SURGICAL) Height ________ Weight ________

____

____

____

____

____

____

ASSIGNMENT SHEET #1

PRIMARY DIAGNOSIS ____________________

____

____

____

SECONDARY DIAGNOSIS ____________________

____

____

SYMPTOMS (OBJECTIVE AND SUBJECTIVE)

____

____

____

____

____

____

OVERALL ASSESSMENT OF PATIENT'S PHYSICAL CONDITION

(NOTE: Remember to use your observation skills and questioning techniques.)

____

____

____

____

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____

____

____

____

ASSIGNMENT SHEET #1

PATIENT'S PROGNOSIS

(NOTE: This information may be obtained from the physician's notes or it may be an overall assessment by you, the nurse.)

ASSIGNMENT SHEET #1

PART II

Complete this part of the care study by using information from the chart and the care plan in the Kardex.

	CLASSIFICATION	
	Ht.	
	Wt.	
	Adm. B/P	Other Information
	V/S	
DIAGNOSIS		
SURGERY & DATE		
ALLERGIES		
DIET	DAILY WT.	ACTIVITY
INTAKE	N/G	LIMITATIONS &/OR SPECIAL NEEDS
OUTPUT	FOLEY	

ROUTINE MEDICATIONS

DATE	MEDICATION — DOSE — ROUTE	SCHEDULE	TIME	COMMENTS

IV FLUIDS

PRN MEDICATIONS

PRE-OP MEDICATIONS

NURSING CARE PLAN KARDEX

PN III - 29-A

ASSIGNMENT SHEET #1

DATE	TREATMENTS	SCHEDULE

DATE ORDERED	DATE TO BE DONE	DIAGNOSTIC TESTS AND PROCEDURES

Current Observation of Patient (Document on Admission)

DATE	PATIENT'S SPECIAL NEEDS	NURSING INTERVENTION

ASSIGNMENT SHEET #1

PART III

Complete this part of the care study, using information from the chart or Kardex and the nursing care you provided.

MEDICATIONS ORDERED (Classifications, purpose, contraindications, and side effects)	RESULTS OR REACTIONS
LABORATORY TESTS, X-RAY STUDIES, OTHER DIAGNOSTIC TESTS	**RESULTS OR REACTIONS**

ASSIGNMENT SHEET #1

PART IV

Use this part of the care plan to document your discharge planning and patient teaching.

PATIENT TEACHING	RESULTS OR REACTIONS
DISCHARGE PLANNING (Diet, medication, incision care, exercises, follow-up appointments, restrictions)	HOW PLAN WAS CARRIED OUT

ASSIGNMENT SHEET #1

PART V

Use this part of the care plan to evaluate the nursing care you provided and the actions you took. State in brief terms the patient's need or problem, nursing care given, rationale, and evaluation of nursing care.

EVALUATION OF NURSING CARE

PATIENT NEED OR PROBLEM	NURSING CARE	RATIONALE

ASSIGNMENT SHEET #1

EVALUATION OF CARE ______________________________

INTRODUCTION TO MEDICAL-SURGICAL NURSING
UNIT I

ANSWERS TO ASSIGNMENT SHEET

Assignment Sheet #1 — Evaluated to the satisfaction of the instructor

INTRODUCTION TO MEDICAL-SURGICAL NURSING
UNIT I

TEST

NAME ______________________________ SCORE ______________

1. Match to their correct definitions terms associated with medical-surgical nursing. Write the correct numbers in the blanks.

_____a. Medicinal or combined medicinal and operative procedures used to care for individuals with specific diseases or disorders

_____b. Pathological conditions or upsets of normal body functions that are due to specific or idiopathic causes and that exhibit characteristic symptoms

_____c. Pertaining to diseases arising spontaneously or from an obscure or unknown cause

_____d. Any adverse mental or physical condition induced in a patient because of treatment by a physician or surgeon

_____e. New growth

_____f. Not malignant or recurrent

_____g. Pertaining to or denoting progressive growth of certain tumors that may spread to other sites

_____h. Abnormal discharge of blood from the vessels into the tissues, into the body, or from the body

_____i. Depressed condition of many of the body functions caused by ineffective circulation of blood

_____j. Cord or thread used for tying a blood vessel

_____k. Any abnormal condition of the formed elements of the blood or of the constituents required for clotting

1. Neoplasm
2. Idiopathic
3. Blood dyscrasia
4. Hemorrhage
5. Medical-surgical nursing
6. Shock
7. Malignant
8. Iatrogenic
9. Ligature
10. Diseases and disorders
11. Benign

2. List general causes of diseases and disorders.

a. ____

TEST

b. ______________________________

c. ______________________________

d. ______________________________

e. ______________________________

f. ______________________________

g. ______________________________

h. ______________________________

i. ______________________________

3. Match to their correct definitions classifications of diseases and disorders. Write the correct numbers in the blanks.

_____a. Resulting from conditions related to job tasks

_____b. Resulting from contamination by microorganisms

_____c. Resulting from physical injuries or extreme mental stress

_____d. Resulting from genetic transmission from parent(s) to embryo

_____e. Resulting from new growth of abnormal tissue

_____f. Resulting from a disturbance of one or more endocrine glands responsible for internal secretions

_____g. Resulting from many factors, including chromosomal abnormalities and intrauterine environment; condition present at birth

_____h. Resulting from lack of one or more vitamins or minerals in the diet

_____i. Resulting from climate, atmosphere, or surroundings

_____j. Resulting from body's immune mechanisms producing antibodies against normal parts of the body

1. Neoplastic
2. Traumatic
3. Environmental
4. Autoimmune
5. Occupational
6. Congenital
7. Infectious
8. Deficiency
9. Metabolic
10. Hereditary

TEST

4. List general indications of diseases and disorders.

   a. ______

   b. ______

   c. ______

   d. ______

   e. ______

   f. ______

   g. ______

5. List factors that affect the patient's reaction to diseases and disorders.

   a. ______

   b. ______

   c. ______

   d. ______

   e. ______

6. State ways the nurse can assist patients in coping with reactions to diseases and disorders.

Patient's Reaction	Nursing Interventions
Fear	a. ______ ______ b. ______ ______ c. ______ ______

TEST

Patient's Reaction	Nursing Interventions
Anxiety	d. ____________ e. ____________ f. ____________
Depression	g. ____________ h. ____________ i. ____________
Rejection	j. ____________ k. ____________
Regression	l. ____________ m. ____________ n. ____________
Suspicion	o. ____________ p. ____________ q. ____________

TEST

Patient's Reaction	Nursing Interventions
Withdrawal	r. ____________________ ____________________ s. ____________________ ____________________

7. State the purposes of medical-surgical treatment.

a. ____

b. ____

c. ____

8. Distinguish between local and systemic symptoms of inflammation or infection. Write an "L" in the blanks before local symptoms and an "S" in the blanks before systemic symptoms.

______a. Swelling

______b. Changed pulse or respiratory rate

______c. Headache

______d. Pain

______e. Restlessness or listlessness

______f. Flushed skin

______g. Tenderness

______h. Generalized discomfort

______i. Redness with or without heat

______j. Nausea and vomiting

______k. Loss of function

______l. Increased number of white blood cells

______m. Change in fluid balance

______n. Abnormal temperature

TEST

9. Describe general nursing interventions for treating patients with inflammation or infection.

10. Select from the following list objective symptoms of pain. Write an "X" in the blank before each correct answer.

______a. Skin may either become pale, cool, and moist or become red, hot, and dry

______b. Facial expression may become drawn or distorted

______c. Pulse may increase or decrease in rate and strength

______d. Vision may be blurred

______e. Respiration will show an increase in rate

______f. Blood pressure may rise or fall

______g. Patient may experience headache

______h. Skeletal muscles may become tense or rigid

______i. Gastric distress may result in retching with or without vomiting or may result in anorexia

TEST

_____j. Calves may be tender

_____k. Physical activities may include patient's becoming restless, moving only when necessary, or assuming a particular position to avoid pain

_____l. Mental and emotional activities may vary from patient's being very quiet and apathetic to patient's being very complaining, demanding, and irritable

11. State factors that affect a patient's reaction to pain.

a. ____________________

b. ____________________

c. ____________________

d. ____________________

e. ____________________

f. ____________________

g. ____________________

h. ____________________

12. Describe nursing interventions used in treating a patient with pain.

a. Assess nature of pain

____

____

____

____

____

____

____

____

TEST

b. Evaluate physical comfort of patient

c. Provide measures to relieve or prevent patient's pain

d. Select, administer, and evaluate use of analgesics and narcotics

13. Match types of shock to their correct causes. Write the correct numbers in the blanks.

_____a. Psychological factors
_____b. Decreased blood volume
_____c. Impaired function of the heart
_____d. Hypersensitivity to foreign protein or drug
_____e. Bacterial infection
_____f. Passage of current through the body
_____g. Overdose of drug

1. Electrical
2. Neurogenic
3. Septic
4. Insulin
5. Cardiogenic
6. Hematogenic
7. Anaphylactic

TEST

14. Select from the following list symptoms of shock. Write an "X" in the blank before each correct answer.

_____a. Frontal headache

_____b. Restlessness or lethargy

_____c. Tingling of hands

_____d. Dizziness

_____e. Thirst

_____f. Nausea or vomiting

_____g. Itching of skin

_____h. Slight pulse increase followed by thready, rapid pulse

_____i. Decreased blood pressure

_____j. Intermittent fever

_____k. Shallow, rapid respiration

_____l. Diarrhea

_____m. Gradual decrease of temperature

_____n. Cyanosis of lips, ear lobes, and fingernails

_____o. Cold, clammy, pale skin

_____p. Mental confusion

_____q. Delusions

_____r. Unconsciousness

_____s. Decrease in urinary output

15. Describe nursing interventions for treating shock.

____

____

____

____

____

TEST

16. List causes of hemorrhage.

a. ______________________________

b. ______________________________

c. ______________________________

d. ______________________________

e. ______________________________

f. ______________________________

g. ______________________________

h. ______________________________

17. Match types of hemorrhage to their correct descriptions. Write the correct numbers in the blanks.

_____a. Bright red; spurting or flowing intermittently

_____b. Dark red; flowing continuously

_____c. Oozing continuously

1. Venous
2. Capillary
3. Arterial

18. Select from the following list the symptoms of hemorrhage. Write an "X" in the blank before each correct answer.

_____a. Pale, cold, moist skin

_____b. Chills

_____c. Elevated temperature

_____d. Lowered blood pressure, decreased temperature, increased pulse rate, increased respirations

_____e. Vertigo

_____f. Air hunger

_____g. Restlessness and apprehension

_____h. Thirst

_____i. General weakness

TEST

______j. Generalized rash

______k. Bloody or coffee-ground emesis

______l. Edema of eyelids

______m. Bloody or dark, tarry stools

______n. Anuria

______o. Unconsciousness

19. State nursing interventions used in the treatment of hemorrhage.

a. ______________________________

b. ______________________________

c. ______________________________

d. ______________________________

e. ______________________________

f. ______________________________

20. Describe major areas of nursing responsibilities for medical-surgical patients.

a. Assess patient's condition

____

____

____

____

____

____

____

____

b. Provide for physical comfort and safety

____

____

TEST

____

____

____

____

____

____

c. Provide emotional support

____

____

____

____

____

21. List the components needed to complete a care plan.

a. ______________________________

b. ______________________________

c. ______________________________

d. ______________________________

e. ______________________________

(NOTE: Test question 22 lists the assignment sheet. It is an important part of this test. If it has not been completed, check with your instructor.)

22. Complete a care study for a medical-surgical patient.

INTRODUCTION TO MEDICAL-SURGICAL NURSING
UNIT I

ANSWERS TO TEST

1. a. 5
   b. 10
   c. 2
   d. 8
   e. 1
   f. 11
   g. 7
   h. 4
   i. 6
   j. 9
   k. 3

2. a. Congenital defects
   b. Prenatal influences
   c. Injuries
   d. Inherited/genetic defects
   e. Environmental deficiencies
   f. Local infections or systemic condition
   g. Chemical agents
   h. Neoplasms
   i. Emotional stress

3. a. 5
   b. 7
   c. 2
   d. 10
   e. 1
   f. 9
   g. 6
   h. 8
   i. 3
   j. 4

ANSWERS TO TEST

4. a. Inflammation and infection
   b. Change in cardinal signs
   c. Pain
   d. Shock
   e. Hemorrhage
   f. Fluid and electrolyte imbalances
   g. Malaise

5. a. Patient's cultural beliefs
   b. Type of illness
   c. Psychological impact
   d. Past experiences with illness
   e. Attitude of caregiver

6. a. Help patient to verbalize fears
   b. Explain all procedures and treatments
   c. Allow patient more control in planning necessary care
   d. Encourage patient to express anxious feelings
   e. Answer questions as honestly as possible
   f. Explain all procedures step by step
   g. Give patient opportunity to grieve
   h. Accept patient's responses
   i. Provide support
   j. Help patient to develop warm, trusting relationships with family, friends, and staff
   k. Work with family and friends to help them understand the problem(s) that the patient is experiencing

ANSWERS TO TEST

l. Show patient how to regain control in personal situation

m. Involve patient in making decisions concerning necessary care (if possible)

n. Help patient to be as independent as illness allows

o. Explain all procedures before and during the process

p. Tell appropriate person that patient may need to see parts of chart to substantiate information

q. Answer all questions honestly

r. Develop open rapport

s. Provide for continuity of care by staff

7. a. To cure diseases and disorders

b. To alter progress and outcome(s) of illnesses

c. To provide supportive therapy for patients with incurable conditions

8.

a.	L	h.	S
b.	S	i.	L
c.	S	j.	S
d.	L	k.	L
e.	S	l.	S
f.	S	m.	S
g.	L	n.	S

9. Description should include the following

a. Observing medical asepsis to prevent further infection or the spread of infection

b. Providing rest for affected area to prevent spread of infection and to prevent stress on infected/inflamed site

c. Protecting affected area from further injury or complications

d. Applying heat or cold to the area as prescribed by physician

e. Monitoring vital signs as often as indicated

ANSWERS TO TEST

f. Administering antipyretic drugs to reduce fever

10. a, b, c, e, f, h, i, k, l

11. a. Previous experience with pain
    b. General state of health
    c. Pain threshold
    d. Anxiety produced by pain
    e. Ability to relax or be distracted from pain
    f. Perception of what pain means
    g. Source or cause of pain
    h. Mental state

12. Description should include the following
    a. Assess nature of pain
        1) Consider source of pain and diagnosis of patient
        2) Ask questions to help determine the location, duration, quality, and nature of pain
        3) Ask patient to describe pain in own words
        4) Use all observation skills to verify and clarify nature of pain
        5) When patient complains of pain, observe patient's facial expression and body movements
        6) Notice whether patient can be distracted from pain
        7) Check to see if patient's complaints of pain are voiced in anticipation of outside stimuli
        8) Document subjective and objective indications of type and location of pain

ANSWERS TO TEST

b. Evaluate physical comfort of patient

    1) Check environmental conditions in patient's room
    2) Check patient's bed
    3) Check patient's position

c. Provide measures to relieve or prevent patient's pain

    1) Correct any environmental discomforts
    2) Loosen, replace, remove, or pad any dressings, casts, or traction equipment as needed
    3) Encourage patient to verbalize feelings about discomfort and pain
    4) Massage pressure areas
    5) Give back rub
    6) Change position of patient or of patient's bed
    7) Support incisional area, when appropriate, when patient is coughing

d. Select, administer, and evaluate use of analgesics and narcotics

    1) Check physician's order for pain medication
    2) Check nursing notes for specific times of patient's complaints of pain and of administration of pain medication
    3) Select appropriate medication for type and amount of pain
    4) Document on patient's chart both desired and untoward effects of all drugs given
    5) Be aware that certain drugs routinely taken by patient may alter the effect of drugs used to relieve pain

13. a. 2
b. 6
c. 5
d. 7
e. 3
f. 1
g. 4

ANSWERS TO TEST

14. b, d, e,f, h, i, k, m, n, o, p, r, s

15. Description should include the following
    - a. Report symptoms immediately
    - b. Place patient in flat position unless contraindicated
    - c. Check vital signs frequently
    - d. Maintain body temperature
    - e. Treat the *cause* of shock as indicated

16. a. Physical injuries
    - b. Surgical incisions
    - c. Loosened or slipped ligatures
    - d. Blood dyscrasias
    - e. Side effects of medications
    - f. Complicatons of childbirth
    - g. Ruptured blood vessels
    - h. Medical conditions

17. a. 3
    - b. 1
    - c. 2

18. a, b, d, f, g, h, i, k, m, o

19. a. Apply pressure or pressure dressings to control bleeding; do not use tourniquets
    - b. Reassure patient and make patient comfortable
    - c. Immediately report any bleeding to supervisor or physician

ANSWERS TO TEST

- d. Check vital signs frequently
- e. Check frequently for any change in color, rate, or amount of bleeding
- f. Observe for shock symptoms

20. Description should include the following

    - a. Assess patient's condition
        - 1) Take and document vital signs as prescribed
        - 2) Document intake of food and fluids
        - 3) Document time, color, amount and character of urine and feces
        - 4) Document level of consciousness and responses
        - 5) Document complaints
    - b. Provide for physical comfort and safety
        - 1) Keep skin clean and dry
        - 2) Assist patient with range-of-motion exercises
        - 3) Change patient's position frequently
        - 4) Maintain proper body alignment
        - 5) Keep linens clean and free of wrinkles
        - 6) Control environment as needed
        - 7) Use safety devices as indicated
        - 8) Prevent undue pressure on affected areas
    - c. Provide emotional support
        - 1) Explain all regulations, procedures, and treatments
        - 2) Encourage patient and family to ask questions and to discuss concerns
        - 3) Respect patient's beliefs
        - 4) Offer reassurance when needed
        - 5) Show empathy for patient and family

ANSWERS TO TEST

21. a. General information about the patient

    b. Current information for this hospitalization (care plan in Kardex)

    c. Student's care plan

    d. Patient teaching and discharge planning

    e. Evaluation of nursing care

22. Completed to the satisfaction of the instructor

INTRODUCTION TO PEDIATRIC NURSING
UNIT II

UNIT OBJECTIVE

After completing this unit, the student should be able to give care to a pediatric patient. The student will show this knowledge by completing assignment sheets, job sheets, and unit test with a minimum score of 85 percent.

SPECIFIC OBJECTIVES

After completing this unit, the student should be able to

1. Match to their correct definitions terms associated with pediatric nursing.
2. Select from a list responsibilities of the pediatric nurse.
3. Describe special physical and mental and emotional considerations for the pediatric patient.
4. Identify communicable childhood diseases according to their modes of transmission and periods of incubation and communicability.
5. Identify communicable childhood diseases according to their symptoms and treatment.
6. Select from a list characteristics of a well-organized and well-equipped pediatric unit.
7. Describe guidelines for providing play therapy and school activities in the pediatric unit.
8. State general guidelines to follow in caring for the pediatric patient.
9. Evaluate a pediatric unit.
10. Relate to pediatric patients and their families.
11. Admit a pediatric patient to the unit.
12. Demonstrate the ability to
    a. Take vital signs of a pediatric patient.
    b. Weigh and measure a pediatric patient.
    c. Position and restrain a pediatric patient.
    d. Use a pediatric collecting bag to collect a urine specimen.
    e. Administer an enema to a pediatric patient.

INTRODUCTION TO PEDIATRIC NURSING
UNIT II

SUGGESTED ACTIVITIES

I. Unit contents

  A. Objective sheet

  B. Suggested activities

  C. Information sheet

  D. Assignment sheets

    1. Assignment Sheet #1 — Evaluate a Pediatric Unit

    2. Assignment Sheet #2 — Relate to Pediatric Patients and Their Families

    3. Assignment Sheet #3 — Admit a Pediatric Patient to the Unit

  E. Answers to assignment sheets

  F. Job sheets

    1. Job Sheet #1 — Take Vital Signs of a Pediatric Patient

    2. Job Sheet #2 — Weigh and Measure a Pediatric Patient

    3. Job Sheet #3 — Position and Restrain a Pediatric Patient

    4. Job Sheet #4 — Use a Pediatric Collecting Bag to Collect a Urine Specimen

    5. Job Sheet #5 — Administer an Enema to a Pediatric Patient

  G. Test

  H. Answers to test

II. Instructor's guide

  A. Order filmstrips to supplement unit.

  (NOTE: Filmstrips 1 through 4 are available from Trainex Corporation, P.O. Box 116, Garden Grove, California 92624.)

    1. *Admission and Orientation of the Child*

SUGGESTED ACTIVITIES

2. *Stephen Goes to the Hospital*

3. *Parents and Their Ill Child*

4. *Preparing the Child for Procedures*

5. *Pediatric Psychosocial Implications*

   (NOTE: This series of eight filmstrips includes the following titles and is available from Concept Media, P.O. Box 19542, Irvine, California 92713.)

   a. *Nursing Challenge*

   b. *Deprivations Resulting from Illness*

   c. *Alleviating Fear and Pain*

   d. *Behavioral Response to Illness*

   e. *Alterations in Body Images*

   f. *Working with the Troubled Family*

   g. *Dying Child: Focus on the Family*

   h. *Dying Child: Focus on the Child*

B. Introduce unit by focusing on pediatric nursing as a specialty area that calls for special skills.

SUGGESTIONS:

- Ask students to recall their childhood experiences with illness and hospitalization.
- Discuss the importance of preparing children for hospitalization. Explain how children's reactions may affect future visits to the hospital.
- Show filmstrip *Stephen Goes to the Hospital*, and discuss how the child portrayed in the filmstrip was prepared for hospitalization.
- Make a bulletin board, using pictures of pediatric patients and advertisements of hospitals emphasizing pediatric care. Use nursing journals and periodicals for source material.

C. Provide students with objective sheet.

D. Dicuss unit and specific objectives.

E. Provide students with information, assignment, and job sheets.

SUGGESTED ACTIVITIES

F. Discuss information, assignment, and job sheets.

1. Use Information Sheet, Sections I and II to discuss terms and definitions associated with pediatric nursing and the responsibilities of the pediatric nurse.

   SUGGESTIONS:

   - Invite a pediatric nurse to speak to the students about this specialty area in nursing and the job tasks involved.
   - Have students role-play the process of taking medical histories.

2. Discuss Information Sheet, Section III, stressing the differences in pediatric nursing as compared to other types of nursing.

   SUGGESTIONS:

   - Give examples of conditions that are common to both adults and pediatric patients; discuss how each group is affected differently.
   - Review dosages, administration techniques, and sites for parenteral injections for pediatric medications.

3. Combine Information Sheet, Sections IV and V to explain the importance of identifying and treating childhood communicable diseases.

   SUGGESTIONS:

   - Show pictures of the various childhood communicable diseases to help students easily identify the types of symptoms for each one.
   - Ask students to describe the treatments of their childhood diseases and to compare these treatments with present treatments.

4. Emphasize the organization of equipment and facilities in providing care for the pediatric patient. Use Information Sheet, Sections VI and VII and Assignment Sheet #1. Have students complete Assignment Sheet #1.

5. Stress that the pediatric patient is not just a small adult, and that nursing care must meet each child's specific needs. Use Information Sheet, Section VIII and Assignment Sheets #2 and #3. Have students complete Assignment Sheets #2 and #3.

   SUGGESTIONS:

   - Arrange for a tour of a pediatric unit, and have students evaluate the area.

SUGGESTED ACTIVITIES

- Demonstrate the use of equipment scaled down to meet the needs of the pediatric patient.

  EXAMPLES: Blood pressure cuff, scales

- Demonstrate Job Sheets #1 through #5. Emphasize the differences in procedures for adults and for pediatric patients. Have students complete job sheets.

G. Give test.

H. Reteach if necessary.

III. Unit references

A. Broadribb, Violet. *Introductory Pediatric Nursing*. Philadelphia: J.B. Lippincott Co., 1983.

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D. Ingalls, A. Joy, and M. Constance Salerno. *Maternal and Child Health Nursing*, 5th ed. St. Louis: The C.V. Mosby Company, 1983.

E. Marlo, Dorothy R. *Textbook of Pediatric Nursing*, 5th ed. Philadelphia: W.B. Saunders Company, 1977.

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H. Whaley, Lucille F., and Donna L. Wong. *Essentials of Pediatric Nursing*. St. Louis: The C.V. Mosby Company, 1982.

I. Whitson, Betty Jo, and Judith M. McFarlane. *The Pediatric Nursing Skills Manual*. New York: John Wiley and Sons, 1980.

INTRODUCTION TO PEDIATRIC NURSING
UNIT II

INFORMATION SHEET

I. Terms and definitions

  A. Pediatrics — Branch of medicine that deals with the development, care, and diseases of children

  B. Neonatology — Branch of medicine that deals with the care of infants from birth to six weeks old

  C. Ephebiatrics — Branch of medicine that deals with adolescents

II. Responsibilities of the pediatric nurse

  A. Obtaining medical data from patient and family

  (NOTE: The nurse should be aware of and note any familial or hereditary information given by the parents. It is important to make observations of the entire family to help you better understand the child's environment.)

  B. Performing physical assessment

  (NOTE: The nurse should assess each system, especially the respiratory and digestive systems, and look for underlying symptoms of diseases or disorders.)

  C. Assisting with diagnostic procedures and treatment of the pediatric patient

  D. Developing care plan with the assistance of the patient, family, and other health care team members

  E. Promoting a loving and caring atmosphere for pediatric patients and their families

  F. Giving information and direction related to health care and follow-up to patients and their families upon discharge

  G. Providing a safe environment

III. Special physical and mental and emotional considerations for the pediatric patient

(NOTE: The nurse must consider age, physical size, and social and mental development when planning care for the pediatric patient.)

  A. Physical

    1. Illnesses, recovery, and repair occur more rapidly than in adults

INFORMATION SHEET

2. Physical size influences selection of equipment and methods of treatment

3. Immunities are not fully developed

4. Immature anatomical and physiological development may promote certain conditions

   EXAMPLE: Otitis media due to shortened eustachian tubes

5. Severity of symptoms will vary

   EXAMPLES: Elevated temperatures may result in seizures for the child as compared to the adult who may experience chills preceding fever.

   Fluid and electrolyte imbalances can quickly become a major health problem or crisis for a child with diarrhea or fever as compared to effects of those same symptoms in the adult.

B. Mental and emotional

1. Limited ability to communicate requires close observation of objective symptoms

   EXAMPLES: Pulling on ear, coughing, swallowing with difficulty

2. Attention span is short and may be shifted to something more pleasant to distract from discomfort

3. Past and future experiences are not as important as what is happening in the present

IV. Communicable childhood diseases and their modes of transmission and periods of incubation and communicability (See Table 1; Assignment Sheet #3)

(NOTE: The nurse should provide the following schedule for immunization against communicable diseases to parents and significant others when appropriate.)

EXAMPLE:	Measles, mumps, and rubella	15 months
	Diphtheria, pertussis, and tetanus	2 months, 4 months, 6 months, 18 months, and between ages four and six
	Polio	Follows same schedule as D.P.T.

INFORMATION SHEET

TABLE 1

Disease	Transmission	Incubation Period	Period of Communicability
Varicella (chicken pox)	Direct contact with droplet from respiratory tract of infected person; contaminated objects	2 to 3 weeks	From first day before eruption of lesions while patient is febrile and before the crusts dry, to six days after eruption of first crop of vesicles
Rubeola (measles)	Direct contact with droplets from infected person (respiratory tract secretions, blood, and urine)	10 to 20 days	From four days before to five days after rash appears
Mumps	Direct contact with infected person or droplet of saliva	14 to 21 days	From one to six days before swelling begins, to nine days after onset of swelling
Diphtheria	Direct contact with infected person, a carrier, or contaminated articles (discharges from nose, nasopharynx, skin, and other lesions)	Usually 2 to 5 days	Until the bacteria is no longer virulent (NOTE: The virulent period is usually two weeks, but may be as long as four weeks. When two negative cultures from nasopharynx and skin lesions have been obtained, the bacteria is no longer virulent.)
Pertussis (whooping cough)	Direct contact or droplet spread from infected person, or articles freshly contaminated with discharge from respiratory tract	5 to 21 days, usually 10	From time of first symptoms of upper respiratory infection, extending to four weeks after cough develops
Scarlet fever	Direct contact with infected person, or droplet spread; can also be spread by contaminated articles and milk or other food	2 to 4 days, with range of 1 to 7 days	From approximately ten days to first two weeks of carrier phase

INFORMATION SHEET

Disease	Transmission	Incubation Period	Period of Communicability
Rubella (German measles)	Direct contact and spread via infected person; indirect from articles contaminated with nasal secretions, feces, or urine	14 to 21 days	From seven days before to about five days after rash appears

V. Symptoms and treatment of communicable childhood diseases (Table 2; Assignment Sheet #2)

TABLE 2

Disease	Symptoms	Treatment
Varicella (chicken pox)	Slight fever, malaise, and anorexia before rash Macules progressing to papules, then to vesicles that form a crust Pruritus	Maintain strict isolation of child until vesicles dry and child is afebrile Apply a topical lotion to soothe itching Cut child's fingernails and caution child not to scratch
Rubeola (measles)	Fever, malaise, followed by coryza and cough Rash appearing two days later, beginning on upper torso and gradually spreading to lower extremities	Maintain respiratory isolation of child until fifth day of rash Maintain bed rest or provide quiet activities Give prescribed antipyretics for fever Dim lights if photophobia is present, and keep child from rubbing eyes
Mumps	Fever, headache, malaise, and anorexia for twenty-four hours, followed by earache Swelling of parotid glands on third day	Maintain respiratory isolation of child during communicable periods Maintain bed rest Give prescribed analgesics for pain; antipyretics for fever Apply hot or cold compresses to neck, whichever are most comfortable

INFORMATION SHEET

Disease	Symptoms	Treatment
Diphtheria	(NOTE: Symptoms will vary according to location of infection.) Nasal — Nasal discharge and cold symptoms Tonsils — Inflammation of tonsils, high fever, smooth membrane adhering to tonsils Larynx — Hoarseness, cough, and possible airway obstruction	Maintain *strict* isolation of child Maintain bed rest Regulate humidity to liquefy secretions Give prescribed antibiotics Observe for symptoms of airway obstruction, and keep tracheostomy kit available
Pertussis (whooping cough)	Symptoms of upper respiratory infection lasting one to two weeks before cough appears	Maintain respiratory isolation of child Give prescribed antimicrobials Maintain bed rest Observe for signs of airway obstruction Increase 0_2 intake and humidity
Scarlet fever	Abrupt high fever Pulse increase out of proportion to fever; vomiting, headache, chills, malaise Enlarged tonsils Rash appearing within twelve hours after first signs	Administer penicillin Maintain bed rest Isolate until twenty-four hours after treatment begins Administer prescribed analgesics, antiseptic throat sprays Encourage fluids
Rubella (German measles)	Rash appearing on face and spreading rapidly downward Low-grade fever, headache, malaise	No treatment is needed except for the use of antipyretics and analgesics **(CAUTION: Isolate child from pregnant women.)**

VI. Characteristics of a well-organized and well-equipped pediatric unit

(NOTE: A pediatric unit protects children from physical danger, provides a therapeutic and pleasant environment, and promotes management of effective health care. The nurse may be able to assist in planning and developing a well-organized and well-equipped unit.)

A. Organizational and physical

1. Colorful, homelike surroundings scaled to child size

INFORMATION SHEET

2. Separate treatment and examination rooms located away from patient rooms

3. Playroom and schoolroom areas

   (NOTE: These areas are essential components of the unit.)

4. Common dining area available for ambulatory patients

5. Beds within units assigned to children of the same ages and care requirements

6. Rooms or space for parents to remain with child

7. Nurses' station centrally located for easy access and observation of patient rooms

B. Equipmental

   1. Equipment scaled to child size when possible

   2. Safety equipment available for use when needed

      EXAMPLES: Safety domes over cribs, appropriate restraining devices

VII. Guidelines for providing play therapy and school activities in the pediatric unit

(NOTE: In some facilities, the nurse may be the person to provide play and school activities if a play therapist is not available.)

A. Play

   (NOTE: Play is an essential part of a child's life; play for a sick child satisfies the physical, emotional, social, and mental needs seen in a well child. Play therapy provides the child with the opportunity to learn and to act out feelings and problems.)

   1. Plan activities according to age, interests, diagnosis, and the limitations imposed because of the illness

      EXAMPLES: Active games for the ambulatory patient; special play activities such as puzzles, books, card games for patients in wheelchairs or for those who are confined to bed

   2. Select safe toys that stimulate play and are appropriate for age group

INFORMATION SHEET

3. Sanitize toys routinely and check them for defects

4. Organize play activities to help patients understand and imitate activities and procedures they see in the hospital

   EXAMPLES: Dolls with incisions, IVs, dressings; syringes without needles; play stethoscopes

5. Provide activities that allow child to vent feelings of anger, hostility, and fear

   EXAMPLE: Punching bag

6. Provide opportunities for group play with peers

   (NOTE: Group play helps the child overcome loneliness and separation from siblings.)

B. School

1. Provide opportunities for patients to continue studies

   (NOTE: Continuing schoolwork while hospitalized can be therapeutic for the patient.)

2. Provide extra encouragement for the patient who has a chronic or terminal illness

   EXAMPLES: Qualified hospital school teacher
   Television monitoring systems
   Scheduling procedures to allow time for studies

VIII. General guidelines to follow in caring for the pediatric patient (Assignment Sheets #2 and #3.)

A. Greeting patients

1. Greet patient by name in a friendly manner, after allowing patient to view you at eye level from a safe distance

2. Introduce yourself and allow patient to react

B. Communicating with parents

1. Develop an open line of communication with parents

2. Allow parents to ask questions and to participate in patient's care whenever possible

INFORMATION SHEET

C. Developing care plans

1. Develop care plan based on assessment of the patient and the family's relationship with the patient
2. Involve the family and patient in developing the care plan

D. Equipment and procedures

1. Explain all tests, procedures, and treatments to patient and family, using appropriate terminology
2. Use play techniques when explaining to the patient the use of equipment or procedures
3. Allow patient to see and feel the equipment if possible
4. Tell patient the truth if a procedure will cause discomfort
5. Show acceptance of patient, even though you do not always approve of patient's behavior during procedures

E. General care

1. Allow patient to keep a favorite toy, blanket, or other object from home as needed
2. Avoid associating bed rest, medications, treatments, or injections with forms of punishment
3. Provide continuity of care by having one nurse per shift assigned to the same patient each day if possible
4. Give patient choices when possible
5. Expect some regression in behavior; reassure patient and parents or significant others
6. Promote independence by allowing patient to assist in care
7. Provide for privacy and avoid unnecessary exposure of patient's body; knock before entering room

   (NOTE: This is especially true for young adolescents who are self-conscious of their developing bodies.)

F. Discipline

1. Set guidelines for behavior, and be consistent in following policies and rules
2. Advise parents or significant others of hospital policies; be consistent in enforcement

INTRODUCTION TO PEDIATRIC NURSING
UNIT II

ASSIGNMENT SHEET #1 — EVALUATE A PEDIATRIC UNIT

NAME ____ SCORE ________________

A pediatric unit is a very special hospital area. The care of the hospitalized child takes much planning and consideration. In this unit of instruction characteristics of the ideal pediatric unit were listed. Not every facility can provide the ideal conditions for pediatric care described here, but there are ways that improvements can be made by the health care staff.

This assignment sheet has two parts. Part I asks that you evaluate the pediatric unit in your own facility. Part II asks for suggestions for improvement with specific questions concerning changes that you as a nurse can make. After completing this assignment, hand it in to your instructor for evaluation.

PART I — EVALUATION OF PEDIATRIC UNIT

A. What is the general layout of the pediatric unit?

EXAMPLES: Number of rooms, cribs, wards, treatment rooms, play and school areas, location of nurses' station

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B. What type of scaled-down equipment does the unit provide?

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C. What type and kind of toys does the unit provide?

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ASSIGNMENT SHEET #1

D. What type of staffing does the unit provide?

EXAMPLES: Registered nurses, LPNs, nursing assistants, recreation specialists, teachers, therapists, social workers, chaplains

E. What is the general appearance of the unit?

EXAMPLES: Colors of walls, pictures, plants, pets

F. What types of policies or regulations are carried out in the pediatric unit?

EXAMPLES: Sibling visitations, open visiting hours for parents, overnight facilities for parents or significant others, meal and outside activity passes for patients

ASSIGNMENT SHEET #1

G. What type of menus and dietary trays are used in the pediatric unit? Are the choices correct for the age group and interests? Is the food prepared and seasoned appetizingly?

H. What safety measures can you identify? Does the use of equipment and procedures by staff provide a safe environment for the pediatric patient?

I. What type of discharge planning is used to prepare the patient and parents or significant others for home care and follow-up?

PART II — SUGGESTIONS FOR IMPROVING A PEDIATRIC UNIT

A. What overall changes would you make in the pediatric unit if it were possible? Or if needed?

ASSIGNMENT SHEET #1

B. What specific changes can you, as a nurse, make?

C. What activities can you plan that would help brighten the pediatric unit?

INTRODUCTION TO PEDIATRIC NURSING
UNIT II

ASSIGNMENT SHEET #2 — RELATE TO PEDIATRIC PATIENTS AND THEIR FAMILIES

NAME ____ SCORE ________________

Caring for the pediatric patient requires much patience and flexibility. For the most part, the nurse can easily relate to the adult patient, and care becomes fairly routine. This is not so with pediatric patients. Depending on the age and maturity of the child, relating techniques will need to be found and utilized to help the nurse understand and plan care. In many cases, it will be the parents with whom the nurse will need to establish initial communication. This may not be simple and may require much tact and time spent with parents.

To help you understand some of the situations you might have to deal with in pediatric nursing, four situations have been developed for your response. There are no pat answers, so respond the best you can. Discuss in class or hand in to the instructor for evaluation.

A. Patient #1

Three-year-old Bambi was admitted on the evening shift with a diagnosis of pneumonia. Her physician has ordered IVs, antibiotics, and a cool mist tent. You have been assigned to care for Bambi on the 11-7 shift, and when you enter her room, you find that she has thrown everything out of her bed, stripped the sheets off, and is lying on the bare mattress sobbing and screaming, "I want Bumpy." She is quite congested, and the crying is causing more problems. Her parents both work the night shift at a local plant and have already left the hospital. How would you communicate with Bambi?

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ASSIGNMENT SHEET #2

B. Patient #2

Admitting has called to inform you that ten-year-old Brian will be admitted to your floor. Brian is a newly diagnosed juvenile diabetic with secondary complications. Brian and his mother have recently moved to your city and have been trying to adjust to a new life without Brian's father who died of cancer a year ago. As you walk down the hall, you see Brian and his mother hand in hand coming toward you.

Brian's mother appears quite agitated, and when she sees you, she begins to speak rapidly and loudly: "I told them downstairs Brian has to have a private room. He needs a quiet atmosphere. His nerves are just shattered; we had to move into a noisy apartment. His diet is so important and he won't eat a thing! I have been trying to learn to give his medication to him but it's so hard to have to hurt him! I brought a list of all his special foods and his own pajamas; he just can't wear a hospital gown! I plan on staying here every night with him so he won't be so nervous. Oh, here, this is my bag; can you carry that for me? They will get us a private room, won't they?"

Brian has been quiet throughout his mother's one-sided conversation. He appears rather pale and detached, looking off into space as his mother again grabs his hand and begins to walk down the hall.

You haven't had a chance to tell Brian's mother that Brian will have two roommates, not one, until a private room can be found, and that parents cannot stay overnight unless they have a private room. You pick up her bag and follow her down the hall. How do you communicate with Brian's mother? With Brian? How can you help both of them, and where do you begin?

ASSIGNMENT SHEET #2

C. Patient #3

Mr. or Mrs. Rameriz sits at Juan's bedside night and day since the accident that broke his pelvis and right leg. The Rameriz family does not speak English and your only links are Mr. Rameriz's cousin, who visits each day, and a Spanish-speaking nursing assistant who works the night shift. Performing daily care for Juan entails working around the skeletal traction that is used to reduce the fracture in the right leg.

As you enter the room, you see Mrs. Rameriz removing some of the weights from the lower pully. This action may undo the treatment process and cause more damage. You must explain to Mrs. Rameriz why the traction must remain as it is and find out why she was removing the weights. The cousin is not available, and the aide is not on duty. What methods could you use to communicate with Mrs. Rameriz, and what would you tell her?

ASSIGNMENT SHEET #2

D. Patient #4

Timmy is four years old and is scheduled for a hernia repair in the morning. You approach Timmy and his mother and enter the exam room for the preoperative physical assessment. Timmy wants no part of it as he hides behind his mother and then the exam table and screams with terror. His mother is down on her knees pleading with him to "act like a big boy." What is your first move? How do you handle Timmy and his mother?

INTRODUCTION TO PEDIATRIC NURSING
UNIT II

ASSIGNMENT SHEET #3 — ADMIT A PEDIATRIC PATIENT TO THE UNIT

NAME ______________________________ SCORE ______________

When admitting a pediatric patient, it is vital to obtain information about the child's background, habits, growth and development patterns, and a medical history and a physical assessment before you plan nursing care. This information may be obtained from the parent or child, from a physical examination, and from your own observations. Some of the methods used to perform the physical assessment on the adult will need to be adjusted for the pediatric patient.

Use Job Sheets #1 and #2 to assist you in taking vital signs and weighing and measuring the pediatric patient. Then, using the form provided on the following pages, select and admit a pediatric patient to the unit. Following your admission of the patient, evaluate your performance, using the rating scale at the end of the assignment sheet. After completing this assignment, hand it in to the instructor for evaluation.

ASSIGNMENT SHEET #3

PART I

Complete the following admission form for the patient you selected to admit to the pediatric unit.

Name________________________ Nickname__________ ____ ID________

Date_____ Time_____ Age_____ Sex_____ Ht._____ Wt._____ Birth weight________

T.________ P.________ R.________ B/P________ Admitting diagnosis__________

Dental appliances____________________ Loose teeth______________

Glasses________ Contacts________. Prosthesis____________________

Oriented to: Room_____ Communication device_____ Bed controls_____ Side rails____

List and describe valuables____

Signed____________________________

NURSING INTERVIEW

Previous Surgery		Previous Medical Admissions	
Type	Date	Reason	Date

Medical History	Yes	No	**Problems with**	Yes	No	**Habits**	Yes	No
Diabetes	☐	☐	Vision	☐	☐	Toilet trained (BM)	☐	☐
Ulcers	☐	☐	Hearing	☐	☐	Toilet trained (urine)	☐	☐
Fractures	☐	☐	Bowels	☐	☐	Sleeps alone	☐	☐
Blood pressure	☐	☐	Urination	☐	☐	Climbs out of bed	☐	☐
Infectious disease	☐	☐	Skin	☐	☐	Sleeps in crib	☐	☐
Seizures	☐	☐	Ambulation	☐	☐	Sleeps in adult bed	☐	☐
Respiratory problems	☐	☐	Behavior/fears	☐	☐	Bottle fed	☐	☐
			Eating	☐	☐	Breast fed	☐	☐

ASSIGNMENT SHEET #3

Current Immunizations

Immunization	Date

List childhood diseases ____________________

Has child been exposed to any communicable diseases in the last three weeks? ________

What type? ____________________

Words used for BM ________ Urination ________ Uses potty chair ____

Formula and schedule ____________ Other foods ________

Favorite liquids ____________ Food allergies ________

Medication allergies and type of reaction ____________

Other allergies ____________________

Present medications ____________________

Does child know reason for hospitalization? ____________

Siblings		**Pets**	
Name	Age	Type	Name

Hobbies and interests ____________________

Favorite toys or possessions ____________________

Person giving this history ____________________

Person child lives with ____________________

Female pediatric patient (if applicable)

Age menstruation began ________ Duration of ________ days

Flow: ____ Light ____ Medium ____ Heavy

Length of cycle ____________________

ASSIGNMENT SHEET #3

Menstrual problems____________________

Last menstrual period?__________ Contraceptive being used__________

Nursing assessment____________________

Signed____________________

ASSIGNMENT SHEET #3

PART II

Following your admission of the patient to the unit, read again the general guidelines for giving care to the pediatric patient and use the rating scale below and on the following pages to evaluate your success in each area. Write comments that validate your score. Give completed admission form and the evaluation to your instructor for evaluation.

	Scale 4	 3	 2	 1	Did not accomplish
Accomplished					
A. Greeted patient by name in a friendly manner after allowing patient to view you from a safe distance. Comments:________________ ________________________ ________________________	☐	☐	☐	☐	
B. Developed an open line of communication with parents. Comments:________________ ________________________ ________________________	☐	☐	☐	☐	
C. Developed your care plan based on an assessment of patient and family's relationship with patient. Comments:________________ ________________________ ________________________	☐	☐	☐	☐	
D. Explained all tests, procedures, and treatments to the patient and parents, using appropriate terminology. Comments:________________ ________________________ ________________________	☐	☐	☐	☐	

ASSIGNMENT SHEET #3

Accomplished	Scale				Did not accomplish
	4	3	2	1	
E. Used play techniques when assessing physical abilities or when explaining procedures to patient. Comments:____________________ ____________________________ ____________________________	☐	☐	☐	☐	
F. If possible, allowed patient to see and feel the equipment to be used. Comments:____________________ ____________________________ ____________________________	☐	☐	☐	☐	
G. Told patient the truth if a procedure would cause discomfort. Comments:____________________ ____________________________ ____________________________	☐	☐	☐	☐	
H. Allowed patient to keep a favorite toy, blanket, or other object from home as needed. Comments:____________________ ____________________________ ____________________________	☐	☐	☐	☐	
I. Praised patient for cooperating. Comments:____________________ ____________________________ ____________________________	☐	☐	☐	☐	

ASSIGNMENT SHEET #3

	Accomplished	**Scale** **4**	 **3**	 **2**	 **1**	**Did not accomplish**
J.	Avoided associating bed rest, medications, treatments, or injections with forms of punishment. Comments:______________________ ______________________________ ______________________________	☐	☐	☐	☐	
K.	Provided continuity of care by having one nurse per shift assigned to the same patient each day if possible. Comments:______________________ ______________________________ ______________________________	☐	☐	☐	☐	
L.	Expected some regression in behavior; reassured patient. Comments:______________________ ______________________________ ______________________________	☐	☐	☐	☐	
M.	Promoted independence by allowing patient to assist in care as much as possible. Comments:______________________ ______________________________ ______________________________	☐	☐	☐	☐	
N.	Provided for privacy and avoided unnecessary exposure of body. Comments:______________________ ______________________________ ______________________________	☐	☐	☐	☐	

ASSIGNMENT SHEET #3

	Scale				
Accomplished	**4**	**3**	**2**	**1**	**Did not accomplish**
O. Set guidelines for behavior; was consistent in following policies and rules. Comments:____________________ ____________________________ ____________________________	☐	☐	☐	☐	
P. Provided for play or socialization and educational opportunities. Comments:____________________ ____________________________ ____________________________	☐	☐	☐	☐	

INTRODUCTION TO PEDIATRIC NURSING
UNIT II

ANSWERS TO ASSIGNMENT SHEETS

Assignment Sheet #1 — Evaluated to the satisfaction of the instructor

Assignment Sheet #2 — Suggestions for answers

A. Patient #1 — Reassure Bambi and hold or cuddle her on your lap; offer distractions; try to find out through questioning what "Bumpy" is.

B. Patient #2 — First get Brian settled in his room, making sure that you introduce him to his roommates and get him into bed. Offer Brian's mother coffee and take her to the lounge area. Discuss hospital policies, but assure her that as soon as a private room is available Brian can be moved. Be sympathetic and listen to her problems; offer guidance and support. Later, work with her in a care plan for Brian. Help Brian gain independence.

C. Patient #3 — Use gestures to tell Mrs. Rameriz not to remove weights. Use pictures that show traction with weights like Juan's. Use a Spanish-English dictionary for words to translate.

D. Patient #4 — Ask Timmy's mother to wait in the reception area or Timmy's room. Offer her a cup of coffee and reassure her that you will call her when the exam is over and explain what type of examination will take place. Appeal to Timmy's curiosity by allowing him to hold pieces of equipment that will be used in the examination. If appropriate toys are available that are used to demonstrate certain procedures, show them to him and explain what you are doing. Obtain assistance from another health team member if necessary.

Assignment Sheet #3 — Evaluated to the satisfaction of the instructor

INTRODUCTION TO PEDIATRIC NURSING
UNIT II

JOB SHEET #1 — TAKE VITAL SIGNS OF A PEDIATRIC PATIENT

(NOTE: The methods used to take vital signs of pediatric patients will depend on their age and size. If the patient is capable of holding the thermometer in the mouth, then the oral method of temperature taking may be used.)

I. Equipment

   A. Oral or rectal thermometer

   B. Lubricant (water-soluble jelly)

   C. Stethoscope

   D. Sphygmomanometer

   E. Ultrasound unit

   F. Elastic wrap

II. Procedure for taking pulse in younger children

   (NOTE: The force and quality of the pulse are usually more significant in the young child than the rate. Pulse rate varies with respiration in most children. Even mild disturbances may elevate the pulse, so it is better to take the pulse rate before the temperature and blood pressure.)

   A. Palpate patient's left chest wall to determine point of maximum pulse; place diaphragm over that point

   B. Count pulse for four fifteen-second intervals and add intervals together for infant's pulse; count older child's pulse for thirty seconds and multiply by 2

JOB SHEET #1

C. Document pulse rate, and note any deviations (Table 3)

TABLE 3

AVERAGE PULSE RATES FOR PEDIATRIC PATIENTS AT REST

Age	Range	Average
Newborn	70-170	120
1-11 months	80-160	120
2 years	80-130	110
4 years	80-120	100
6 years	75-115	100
8-10 years	70-110	90
12 years*	70-110	90
14 years	65-105	85
16 years	60-100	80
18 years	55-95	75

*From age 12 to 18 years, boys' rates are five points lower.

The Pediatric Nursing Skills Manual, Betty Jo Whitson and Judith M. McFarlane, Copyright © 1980, John Wiley & Sons, Inc. Reprinted by permission of John Wiley & Sons, Inc.

III. Procedures for taking temperature

A. Oral

1. Prepare thermometer

2. Explain to patient what you expect him or her to do during procedure

3. Place thermometer in patient's mouth under tongue, making sure that lips are closed completely

4. Wait six to nine minutes

   (CAUTION: Never leave patient unattended with thermometer in place.)

5. Remove and read thermometer

6. Record results on paper

7. Clean thermometer as indicated

JOB SHEET #1

8. Observe, report, and document any deviations (Table 4)

TABLE 4

AVERAGE TEMPERATURES FOR WELL CHILDREN UNDER BASAL CONDITIONS

Age	°F	°C
3 months	99.4	37.5
6 months	99.5	37.5
1 year	99.7	37.7
3 years	99.0	37.2
5 years	98.6	37.0
7 years	98.3	36.8
9 years	98.1	36.7
11 years	98.0	36.7
13 years	97.8	36.6

Modified and reproduced with permission from Lowrey, G.H.: *Growth & Development of Children*, 7th edition. Copyright © 1978 by Year Book Medical Publishers, Inc., Chicago.

B. Axillary

1. Prepare thermometer
2. Explain to patient what you are doing
3. Place bulb of thermometer on patient's unwashed axilla
4. Hold patient's arm firmly against his or her side to keep the thermometer in place
5. Leave thermometer in place nine to eleven minutes

   (CAUTION: Never leave patient unattended with thermometer in place.)

6. Remove thermometer
7. Read thermometer and write results on paper
8. Clean thermometer as indicated
9. Observe, report, and document any deviations

   (NOTE: Always note that you have taken an axillary temperature: 99.6 Ⓐ .)

JOB SHEET #1

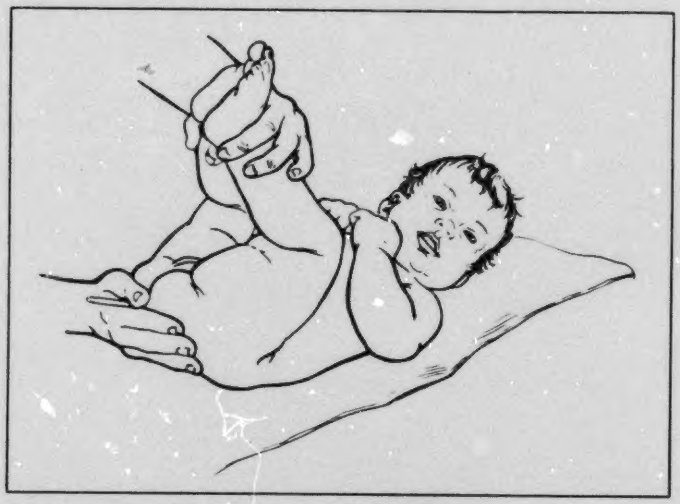
C. Rectal

(NOTE: If a child is not old enough to have an oral temperature taken or is having difficulty in breathing, the rectal method may be used.)

1. Prepare thermometer by lubricating bulb end
2. Place patient in supine position and expose rectal area
3. Holding legs firmly around ankles with one hand, with other hand insert just the bulb of lubricated thermometer gently into anus about 1/4 to 1/2 inch
4. Hold thermometer in place for three to five minutes, gently pressing buttocks together with heel of hand and fingers (Figure 1)

   (CAUTION: Never leave patient unattended with thermometer in place.)

FIGURE 1



The Pediatric Nursing Skills Manual, Betty Jo Whitson and Judith M. McFarlane, Copyright © 1980, John Wiley & Sons, Inc. Reprinted by permission of John Wiley & Sons, Inc.

5. Remove thermometer, read thermometer, and write results on paper
6. Clean thermometer as indicated
7. Dress patient
8. Wash hands

JOB SHEET #1

9. Record temperature

   (NOTE: Make sure you note that the temperature has been taken rectally: 100.4 Ⓡ .)

IV. Procedure for counting respirations in younger children

(NOTE: Respiration rates are higher in infants than adults, and the rhythm is usually irregular, especially in premature or very young infants. Respiration in the child until age seven is abdominal. Do not disturb the child while observing respirations or the rate will increase.)

A. Observe and count respirations for one full minute for an infant; count for thirty seconds and multiply by 2 for an older child

B. Note whether chest moves symmetrically

C. Observe, report, and document any deviations (Table 5)

(NOTE: Listen for respiratory noises such as wheezing, stridor, or grunting. Look for nasal flaring, cyanosis, and retractions of chest.)

TABLE 5

AVERAGE RESPIRATIONS OF PEDIATRIC PATIENTS AT REST

Age	Rate (breaths/minute)
Newborn	35
1-11 months	30
2 years	25
4 years	23
6 years	21
8 years	20
10 years	19
12 years	19
14 years	18
16 years	17
18 years	16-18

Reproduced with permission from Whaley, Lucille F., and Wong, Donna L.: Essentials of pediatric nursing, St. Louis, 1982, The C. V. Mosby Co.

V. Procedures for taking blood pressure of pediatric patients (See Tables 6 and 7)

(NOTE: The following tables give the normal ranges for mean blood pressure at wrist and ankle in infants, and the normal blood pressure values for different ages.)

JOB SHEET #1

TABLE 6

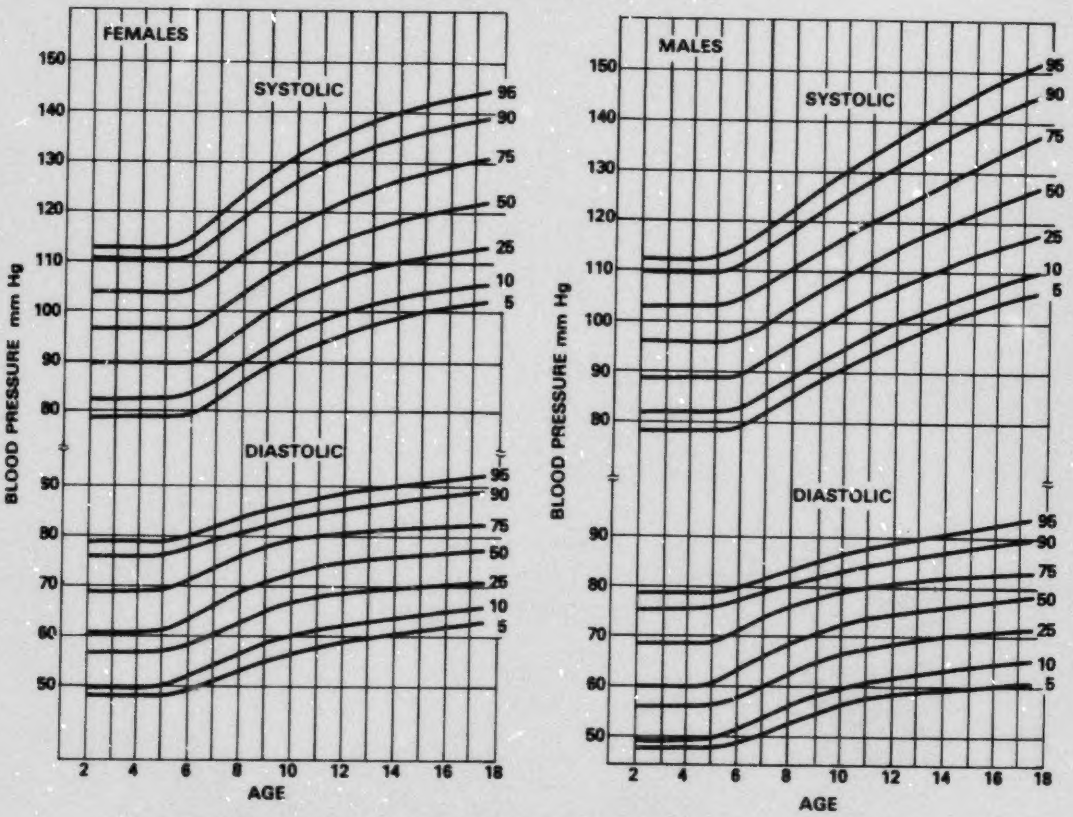
MEAN BLOOD PRESSURE AT WRIST AND ANKLE IN INFANTS (FLUSH TECHNIQUE)

Age	Blood Pressure at Wrist		Blood Pressure at Ankle	
	Mean	Range	Mean	Range
1-7 days	41	22-66	37	20-58
1-3 months	67	48-90	61	38-96
4-6 months	73	42-100	68	40-104
7-9 months	76	52-96	74	50-96
10-12 months	57	62-94	56	102

From A.J. Moss and F.H. Adams, *Problems of Blood Pressure in Childhood*, 1962. Courtesy of Charles C Thomas, Publisher, Springfield, Illinois.

TABLE 7

BLOOD PRESSURE PERCENTILES



From The National Heart, Lung, and Blood Institute's Task Force on Blood Pressure Control in Children: Report of the Task Force on Blood Pressure Control in Children, *Pediatrics* 59 (Suppl. 5, pt. 2): 797-820, May, 1977. Used with permission of the American Academy of Pediatrics. Copyright American Academy of Pediatrics 1977.

JOB SHEET #1

A. Procedure for conventional method

(NOTE: It is most important that a cuff of the right size is used. Choose the largest cuff that encircles the child's arm completely without the cuff bladder overlapping. A cuff that is too small will cause a false high reading.)

1. Explain to patient what you are going to do

   (NOTE: This step will depend on the age of the child. You need a quiet atmosphere and a quiet child to be able to get an accurate reading.)

2. Position patient with arm above heart level
3. Wrap cuff around patient's upper arm
4. Locate the brachial artery, and then ausculate this artery while inflating cuff

   (NOTE: The use of a pediatric stethoscope will eliminate extra noise.)

5. Continue inflating cuff for another 20 mm Hg to 30 mm Hg after the sound disappears
6. Lower patient's arm to heart level
7. Deflate cuff at the rate of 2 mm Hg per second to 5 mm Hg per second
8. Note pressure on gauge when you hear first sound, the systolic pressure

   (NOTE: The systolic pressure is taken only until the child is large enough and cooperative enough to be able to take both systolic and dyastolic pressures.)

9. Observe, report, and document any deviations

B. Procedure for the ultrasound method

1. Explain to patient what you are going to do
2. Apply cuff according to manufacturer's instructions
3. Apply a small amount of coupling gel to faceplate of probe

   (NOTE: Be sure to use the coupling gel recommended by the manufacturer of the ultrasound unit.)

4. Place probe on patient's skin directly over brachial artery

JOB SHEET #1

5. Tilt probe 45 degrees away from artery, making sure that gel is between skin and probe

6. Rotate probe to locate center of signal

   (NOTE: A hissing noise will be heard. This sound is the blood passing through the artery with each heartbeat.)

7. Ausculate artery with stethoscope while inflating cuff

8. Continue inflating cuff for another 20 mm Hg to 30 mm Hg after the sound disappears

9. Deflate cuff at the rate of 2 mm Hg per second to 5 mm Hg per second

10. Note pressure gauge when you hear first sound, the systolic pressure

11. Observe, report, and document deviations

C. Procedure for the flush technique

(NOTE: This procedure is used to measure the blood pressure of a newborn or small infant.)

1. Place cuff on infant's arm just above wrist

2. Drain most venous blood from arm by holding arm above level of infant's heart and milking vessels toward cuff

   (NOTE: This is done by encircling the infant's fist with your hand and squeezing it like a tourniquet; then, without releasing the pressure, moving the hand up toward the edge of the cuff.)

3. Inflate cuff to about 120 mm Hg to 140 mm Hg to prevent venous blood from returning to infant's arm

   (NOTE: This process will cause the arm and fist to appear pale.)

4. Lower infant's arm to heart level

5. Deflate cuff slowly

6. Note the pressure reading, the systolic pressure, when entire limb flushes with color

7. Observe, report, and document deviations

JOB SHEET #1

VI. Checklist for procedure for taking pulse in younger children

		Performed Well	Needs Improvement
A.	Palpated patient's left chest wall to determine point of maximum pulse, and placed diaphragm over that point	☐	☐
B.	Counted pulse for four fifteen-second intervals and added intervals together for infant's pulse; counted older child's pulse for thirty seconds and multiplied by 2	☐	☐
C.	Documented pulse rate, and noted any deviations	☐	☐

Comments:____

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VII. Checklist for procedure for taking oral temperature

		Performed Well	Needs Improvement
A.	Prepared thermometer	☐	☐
B.	Explained to patient what you expected him or her to do during procedure	☐	☐
C.	Placed thermometer in patient's mouth under tongue, making sure that lips were closed completely	☐	☐
D.	Waited six to nine minutes	☐	☐
E.	Removed and read thermometer	☐	☐
F.	Recorded results on paper	☐	☐
G.	Cleaned thermometer as indicated	☐	☐

JOB SHEET #1

		Performed Well	Needs Improvement
H.	Observed, reported, and documented any deviations	☐	☐

Comments:

VIII. Checklist for procedure for taking axillary temperature

		Performed Well	Needs Improvement
A.	Prepared thermometer	☐	☐
B.	Explained to patient what you were doing	☐	☐
C.	Placed bulb of thermometer on patient's unwashed axilla	☐	☐
D.	Held patient's arm firmly against his or her side to keep the thermometer in place	☐	☐
E.	Left thermometer in place nine to eleven minutes	☐	☐
F.	Removed thermometer	☐	☐
G.	Read thermometer and wrote results on paper	☐	☐
H.	Cleaned thermometer as indicated	☐	☐
I.	Observed, reported, and documented any deviations	☐	☐

Comments:

JOB SHEET #1

IX. Checklist for procedure for taking rectal temperature

		Performed Well	Needs Improvement
A.	Prepared thermometer by lubricating bulb end	☐	☐
B.	Placed patient in supine position and exposed rectal area	☐	☐
C.	Held legs firmly around ankles with one hand, and with other hand inserted just the bulb of lubricated thermometer gently into anus about 1/4 to 1/2 inch	☐	☐
D.	Held thermometer in place for three to five minutes, gently pressing buttocks together with heel of hand and fingers	☐	☐
E.	Removed thermometer, read results, and wrote results on paper	☐	☐
F.	Cleaned thermometer as indicated	☐	☐
G.	Dressed patient	☐	☐
H.	Washed hands	☐	☐
I.	Recorded temperature	☐	☐

Comments:

X. Checklist for procedure for counting respirations in younger children

		Performed Well	Needs Improvement
A.	Observed and counted respirations for one full minute for an infant; counted for thirty seconds and multiplied by 2 for an older child	☐	☐

JOB SHEET #1

		Performed Well	Needs Improvement
B.	Noted whether chest moved symmetrically	☐	☐
C.	Observed, reported, and documented any deviations	☐	☐

Comments:____

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XI. Checklist for procedure for taking blood pressure of pediatric patients, using the conventional method

		Performed Well	Needs Improvement
A.	Explained to patient what you were going to do	☐	☐
B.	Positioned patient with arm above heart level	☐	☐
C.	Wrapped cuff around patient's upper arm	☐	☐
D.	Located the brachial artery, and then ausculated this artery while inflating the cuff	☐	☐
E.	Continued inflating cuff for another 20 mm Hg to 30 mm Hg after the sound disappeared	☐	☐
F.	Lowered patient's arm to heart level	☐	☐
G.	Deflated cuff at the rate of 2 mm Hg per second to 5 mm Hg per second	☐	☐
H.	Noted pressure on gauge when you heard first sound, the systolic pressure	☐	☐
I.	Observed, reported, and documented deviations	☐	☐

JOB SHEET #1

Comments: ____________________

XII. Checklist for procedure for taking blood pressure of pediatric patients, using the ultrasound method

		Performed Well	Needs Improvement
A.	Explained to the patient what you were going to do	☐	☐
B.	Applied cuff according to manufacturer's instructions	☐	☐
C.	Applied a small amount of coupling gel to faceplate of probe	☐	☐
D.	Placed probe on patient's skin directly over brachial artery	☐	☐
E.	Tilted probe 45 degrees away from artery, making sure that gel was between skin and probe	☐	☐
F.	Rotated probe to locate center of signal	☐	☐
G.	Ausculated artery with stethoscope while inflating cuff	☐	☐
H.	Continued inflating cuff for another 20 mm Hg to 30 mm Hg after the sound disappeared	☐	☐
I.	Deflated cuff at the rate of 2 mm Hg per second to 5 mm Hg per second	☐	☐
J.	Noted pressure gauge when you heard first sound, the systolic pressure	☐	☐
K.	Observed, reported, and documented deviations	☐	☐

JOB SHEET #1

Comments:

XIII. Checklist for procedure for taking blood pressure of pediatric patients, using the flush technique

		Performed Well	Needs Improvement
A.	Placed cuff on infant's arm just above wrist	☐	☐
B.	Drained most venous blood from arm by holding it above the level of the infant's heart and milking vessels toward cuff	☐	☐
C.	Inflated cuff to about 120 mm Hg to 140 mm Hg to prevent venous blood from returning to infant's arm	☐	☐
D.	Lowered infant's arm to heart level	☐	☐
E.	Deflated cuff slowly	☐	☐
F.	Noted pressure reading, the systolic pressure, when entire limb flushed with color	☐	☐
G.	Observed, reported, and documented deviations	☐	☐

Comments:

INTRODUCTION TO PEDIATRIC NURSING
UNIT II

JOB SHEET #2 — WEIGH AND MEASURE A PEDIATRIC PATIENT

I. Equipment

A. Yardstick or measuring board for infants

B. Paper tape measure

C. Wall measuring board or standard scales with height measure for older children

D. Infant scales

E. Conversion table

(NOTE: A conversion table should be available if weight needs to be written in pounds and kilograms.)

II. Procedures for weighing

A. Infants

1. Place paper liner on infant scale
2. Balance scale if needed
3. Place naked infant on scale, keeping your hand close to but not touching the infant to prevent falling
4. Move weight bar until scales balance
5. Remove infant from scale
6. Dress infant
7. Record infant's weight
8. Return weights on scale to zero

B. Older children

(NOTE: The older child must be capable of standing on the adult scale and following instructions. The older child may wear street clothes but no shoes, heavy sweaters, or coats.)

1. Place paper liner on scale

JOB SHEET #2

2. Explain what you want child to do

3. Have child stand still while you balance the weights

   (NOTE: If the child cannot hold still, have another adult hold the child while you weigh them both, then weigh the adult alone and subtract the weight. This is not as accurate a method, but will give a close approximate weight.)

4. Record child's weight

5. Return weights on scale to zero

III. Procedures for measuring

A. Infant

1. Place infant on flat surface with heel or foot perpendicular to and even with edge of yardstick or measuring board

2. Hold infant's leg straight with one hand; with other hand, mark measuring board at crown of head

3. Using paper tape, measure infant's head at greatest circumference, and measure chest at nipple line

4. Record measurements

B. Older children

(NOTE: As soon as the child can stand erect and will follow instructions, you may be able to use a wall measuring board or the regular adult scales.)

1. Explain procedure to child

2. Have child stand erect, with back, head, and heels touching wall

3. Lower horizontal bar to level of child's head, while holding the head steady

4. Record measurement

JOB SHEET #2

IV. Checklist for monitoring procedure for weighing infants

		Performed Well	Needs Improvement
A.	Placed paper liner on infant scale	☐	☐
B.	Balanced scale if needed	☐	☐
C.	Placed naked infant on scale, keeping your hand close but not touching the infant to prevent falling	☐	☐
D.	Moved weight bar until scales balanced	☐	☐
E.	Removed infant from scale	☐	☐
F.	Dressed infant	☐	☐
G.	Recorded infant's weight	☐	☐
H.	Returned weights on scale to zero	☐	☐

Comments:____

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V. Checklist for monitoring procedure for weighing older children

		Performed Well	Needs Improvement
A.	Placed paper liner on scale	☐	☐
B.	Explained what you wanted child to do	☐	☐
C.	Had child stand still while you balanced the weights	☐	☐
D.	Recorded child's weight	☐	☐

JOB SHEET #2

		Performed Well	Needs Improvement
E.	Returned weights on scale to zero	☐	☐

Comments:

VI. Checklist for procedure for measuring infants

		Performed Well	Needs Improvement
A.	Placed infant on flat surface with heel or foot perpendicular to and even with edge of yardstick or measuring board	☐	☐
B.	Held infant's leg straight with one hand; with other hand, marked measuring board at crown of head	☐	☐
C.	Used paper tape and measured infant's head at greatest circumference, and measured chest at nipple line	☐	☐
D.	Recorded measurements	☐	☐

Comments:

JOB SHEET #2

VII. Checklist for procedure for measuring older children

		Performed Well	Needs Improvement
A.	Explained procedure to child	☐	☐
B.	Had child stand erect, with back, head, and heels touching wall	☐	☐
C.	Lowered horizontal bar to level of child's head while holding the head steady	☐	☐
D.	Recorded measurement	☐	☐

Comments:

INTRODUCTION TO PEDIATRIC NURSING
UNIT II

JOB SHEET #3 — POSITION AND RESTRAIN A PEDIATRIC PATIENT

(NOTE: It is best, even with those patients who appear cooperative, to use some type of restraint when performing certain procedures or providing some types of treatment. If assistance is required, a co-worker should help; however, in some cases it may be necessary to allow the patient to assist. Be sure to hold child and provide other comforting measures following procedures.)

I. Equipment

  A. Small blanket

  B. 3- or 4-foot length of 2-inch gauze folded lengthwise

  C. Padding for wrist or ankle

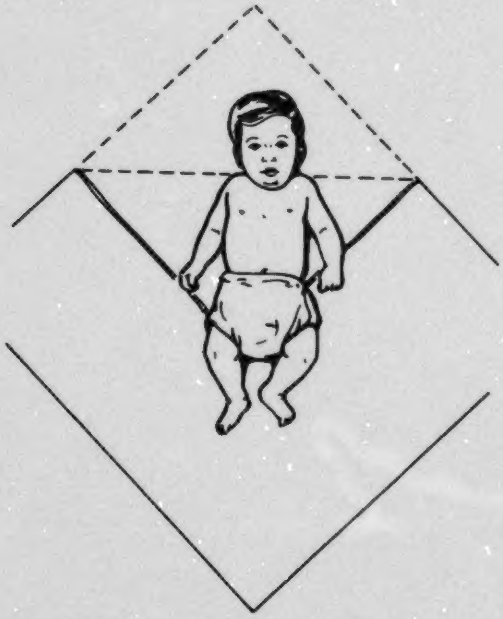
II. Procedure for using the mummy restraint

  (NOTE: The mummy restraint is used for procedures that involve the neck or head.)

  A. Place blanket on bed and fold down one corner

  B. Place patient on back on blanket, with shoulder at fold (Figure 2)

FIGURE 2



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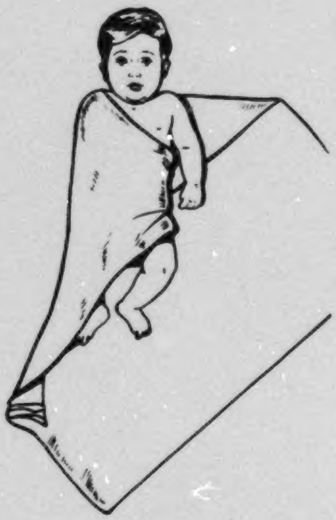
JOB SHEET #3

C. Fold blanket over one arm and across patient's abdomen; tuck end securely behind patient's back (Figure 3)

FIGURE 3



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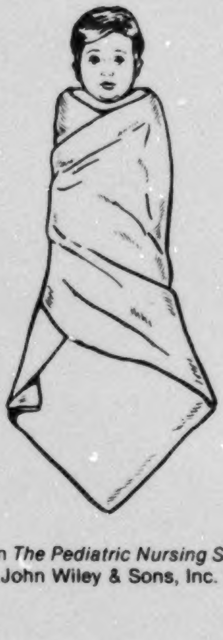
D. Repeat process for other arm (Figure 4)

FIGURE 4



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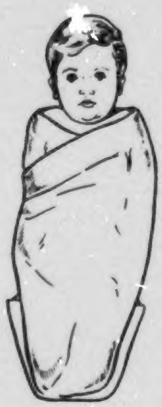
JOB SHEET #3

E. Tuck remaining portion of blanket behind patient (Figure 5)

FIGURE 5



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III. Procedure for positioning for IVs

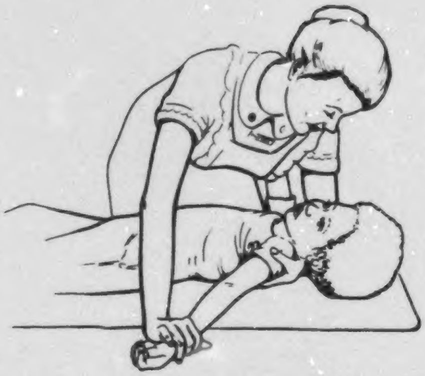
A. Anticubital venipuncture

1. Explain procedure to patient
2. Place patient on his or her back
3. Reach behind patient's neck, and hold the left shoulder with your left hand
4. Secure patient's right arm behind your back
5. Hold patient's left wrist with your right hand (See Figure 6)

   (NOTE: The patient will still be able to kick without interfering with the procedure. Because you are leaning over the patient, you will be able to give comfort.)

JOB SHEET #3

FIGURE 6



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6. Reassure patient and praise for cooperation

B. Femoral venipuncture

1. Place patient on back, with legs in froglike position

2. Hold infant's arms and legs with your forearms and hands (Figure 7)

FIGURE 7

JOB SHEET #3

3. Expose only area to be used for venipuncture

4. Following the venipuncture, apply pressure to site, and check site frequently

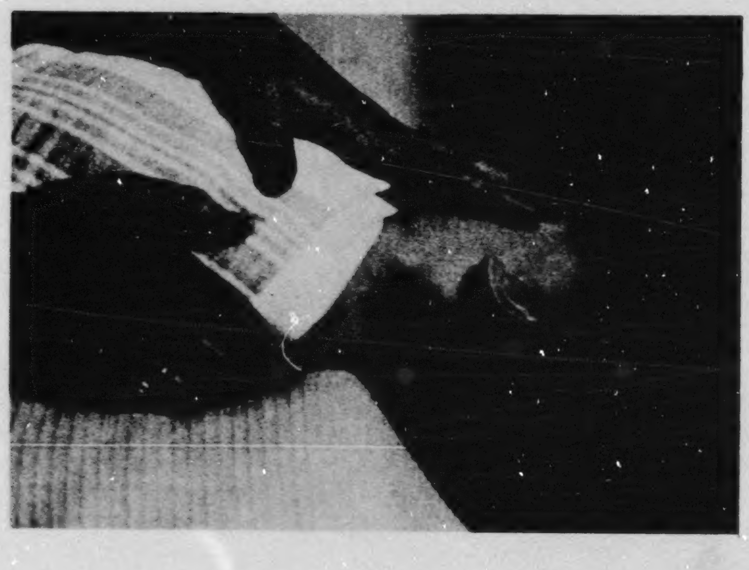
C. External jugular venipuncture

1. Place patient in mummy restraint, leaving enough area of neck exposed for site

2. Lower patient's head over side of bed

3. Turn head to side and stabilize (Figure 8)

FIGURE 8



4. Continue to hold patient securely in this position throughout procedure

5. Following the venipuncture, apply pressure to site, and check site frequently

IV. Procedure for positioning for lumbar puncture

A. Explain procedure to patient or to patient's family if patient is too young to understand

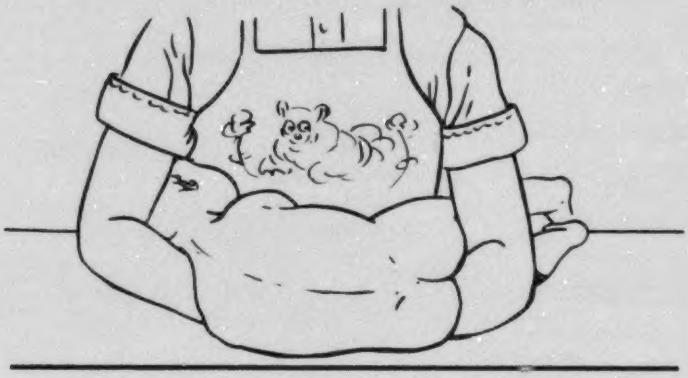
B. Place patient on side, facing you

C. Hold patient close to far edge of table, flexing patient's neck and knees

JOB SHEET #3

D. Continue to hold patient securely in this position throughout procedure (Figure 9)

FIGURE 9



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E. Reassure patient after procedure is over and praise for cooperation

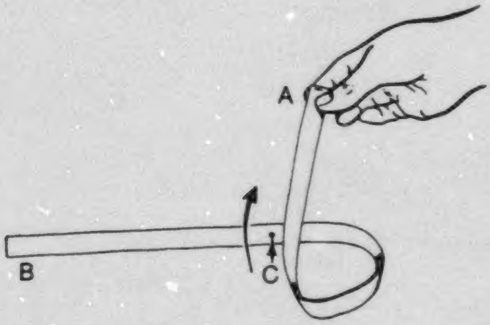
V. Procedure for making and using the clove-hitch restraint

(NOTE: The clove hitch is a restraint that can be used for extremities. The limb is always well padded and circulation is checked frequently when this restraint is used. It should not tighten or interfere with circulation if properly applied.)

A. Place gauze on flat surface

B. Bring end A over center point C (Figure 10)

FIGURE 10



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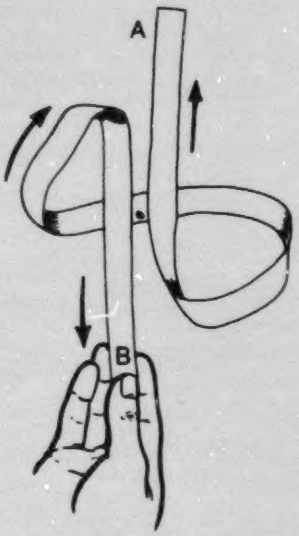
JOB SHEET #3

C. Bring end B over center point in opposite direction, making a figure eight (Figure 11)

FIGURE 11



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D. Pick up both loops and bring hands together (Figures 12 and 13)

FIGURE 12

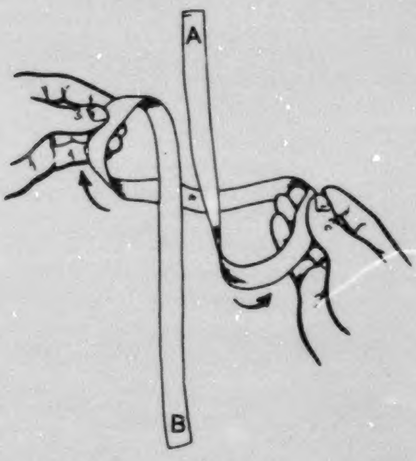
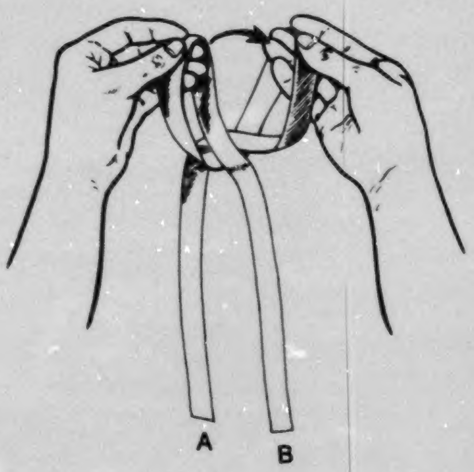


FIGURE 13



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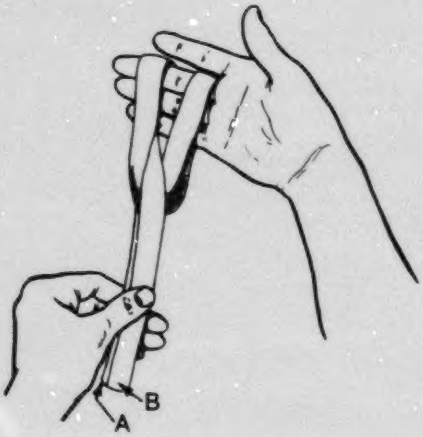
JOB SHEET #3

E. Place both loops on one hand (Figure 14)

FIGURE 14



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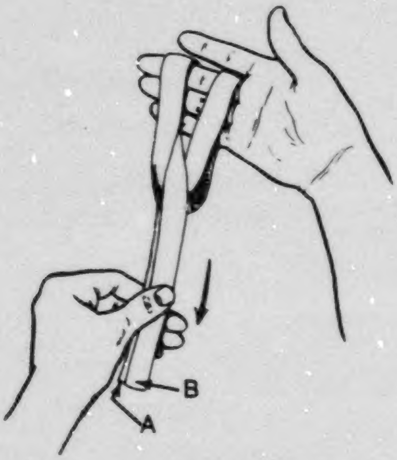
F. Pull ends firmly with other hand (Figure 15)

FIGURE 15



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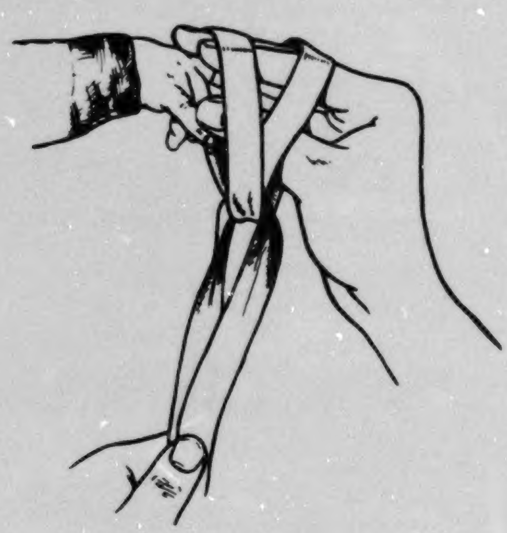
JOB SHEET #3

G. Pad patient's hand or foot with folded gauze

H. Slip the clove hitch over patient's hand or foot onto the wrist or ankle (Figure 16)

FIGURE 16



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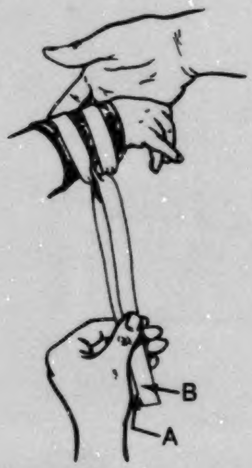
I. Tighten knot around wrist or ankle by pulling ends alternately and firmly (Figure 17)

FIGURE 17



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JOB SHEET #3

J. Check circulation by slipping your little finger between patient's arm or ankle and the gauze

K. Anchor ends of gauze strips to bed frame

(CAUTION: Never anchor ends to the side rails.)

L. Check circulation frequently and document

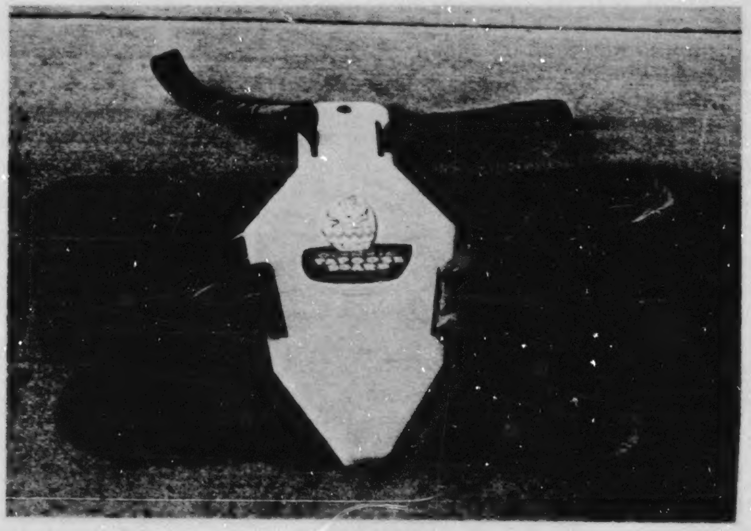
VI. Procedure for using the restraining board

(NOTE: Restraining boards have been designed to hold infants securely during various procedures. One of the main procedures that utilizes the restraining board is the circumcision.)

A. Prepare restraining board (Figure 18)

(NOTE: Depending on the type of board being used, the pads and straps will need to be prepared before the infant is placed on the board.)

FIGURE 18



B. Undress infant according to type of procedure being performed

C. Place infant on board that is securely resting on a flat surface

JOB SHEET #3

D. Secure straps

(NOTE: Make sure that procedure is ready to be performed so that infant does not have to be restrained for an undue length of time.)

E. After procedure has been performed, loosen straps and remove infant from board

F. Comfort infant

JOB SHEET #3

VII. Checklist for procedure for using the mummy restraint

		Performed Well	Needs Improvement
A.	Placed blanket on bed and folded down one corner	☐	☐
B.	Placed patient on back on blanket, with shoulder at fold	☐	☐
C.	Folded blanket over one arm and across patient's abdomen; tucked end securely behind patient's back	☐	☐
D.	Repeated process for other arm	☐	☐
E.	Tucked remaining portion of blanket behind patient	☐	☐

Comments:____

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VIII. Checklist for procedure for positioning for anticubital venipuncture IVs

		Performed Well	Needs Improvement
A.	Explained procedure to patient	☐	☐
B.	Placed patient on his or her back	☐	☐
C.	Reached behind patient's neck and held the left shoulder with your left hand	☐	☐
D.	Secured patient's right arm behind your back	☐	☐
E.	Held patient's left wrist with your right hand	☐	☐

JOB SHEET #3

		Performed Well	Needs Improvement
F.	Reassured patient and praised for cooperation	☐	☐

Comments:

IX. Checklist for procedure for positioning for femoral venipuncture IVs

		Performed Well	Needs Improvement
A.	Placed patient on back, with legs in froglike position	☐	☐
B.	Held infant's arms and legs with your forearms and hands	☐	☐
C.	Exposed only area to be used for venipuncture	☐	☐
D.	Following the venipuncture, applied pressure to site, and checked site frequently	☐	☐

Comments:

X. Checklist for procedure for positioning for external jugular venipuncture IVs

		Performed Well	Needs Improvement
A.	Placed patient in mummy restraint, leaving enough area of neck exposed for site	☐	☐

JOB SHEET #3

		Performed Well	Needs Improvement
B.	Lowered patient's head over side of bed	☐	☐
C.	Turned head to side and stabilized	☐	☐
D.	Continued to hold patient securely in this position throughout procedure	☐	☐
E.	Following the venipuncture, applied pressure to site, and checked site frequently	☐	☐

Comments:____

XI. Checklist for procedure for positioning for lumbar puncture IVs

		Performed Well	Needs Improvement
A.	Explained procedure to patient or to patient's family if patient was too young to understand	☐	☐
B.	Placed patient on side, facing you	☐	☐
C.	Held patient close to far edge of table, and flexed patient's neck and knees	☐	☐
D.	Continued to hold patient securely in this position throughout procedure	☐	☐
E.	Reassured patient after procedure was over and praised for cooperation	☐	☐

Comments:____

JOB SHEET #3

XII. Checklist for procedure for making and using the clove-hitch restraint

		Performed Well	Needs Improvement
A.	Placed gauze on flat surface	☐	☐
B.	Brought end A over center point C	☐	☐
C.	Brought end B over center point in opposite direction, making a figure eight	☐	☐
D.	Picked up both loops and brought hands together	☐	☐
E.	Placed both loops on one hand	☐	☐
F.	Pulled ends firmly with other hand	☐	☐
G.	Padded patient's hand or foot with folded gauze	☐	☐
H.	Slipped the clove hitch over patient's hand or foot onto the wrist or ankle	☐	☐
I.	Tightened knot around wrist or ankle by pulling ends alternately and firmly	☐	☐
J.	Checked circulation by slipping your little finger between patient's arm or ankle and the gauze	☐	☐
K.	Anchored ends of gauze strips to bed frame	☐	☐
L.	Checked circulation frequently and documented	☐	☐

Comments:____

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JOB SHEET #3

XIII. Checklist for procedure for using the restraining board

		Performed Well	Needs Improvement
A.	Prepared restraining board	☐	☐
B.	Undressed infant according to type of procedure being performed	☐	☐
C.	Placed infant on board that was securely resting on a flat surface	☐	☐
D.	Secured straps	☐	☐
E.	After procedure was performed, loosened straps and removed infant from board	☐	☐
F.	Comforted infant	☐	☐

Comments:

INTRODUCTION TO PEDIATRIC NURSING
UNIT II

JOB SHEET #4 — USE A PEDIATRIC COLLECTING BAG TO COLLECT A URINE SPECIMEN

I. Equipment

   A. Collecting bag (plastic, disposable urine bag or collector)

   B. Cleansing agent

   C. Wiping material, 4x4s or cotton balls

   D. Containers for solutions

   E. Specimen container

   F. Requisition

II. Procedure for applying the collecting bag (female and male)

   A. Check physician's order

   B. Identify patient, and explain procedure to parent or significant other

   C. Collect equipment

   D. Wash hands

   E. Pour solutions into appropriate containers

   F. Place patient in supine position so that genitalia are exposed and legs are froglike

   (NOTE: You may need help from a co-worker to hold a toddler in place. An older child may understand what you are doing if you explain the procedure step by step as you proceed.)

   G. Cleanse genitalia and genital area

      1. Female

         a. Dip wiping material into cleansing agent and squeeze out excess

         b. Wipe labia majora from clitoris to anus and discard the material; repeat the process

JOB SHEET #4

- c. Wipe area with clear water and clean wiping material
- d. Repeat process on labia minora while spreading apart the labia with other hand
- e. Wipe area dry

2. Male
    - a. Dip wiping material into cleansing agent and squeeze out excess
    - b. Wipe tip of penis, using a circular motion toward scrotum
    - c. Retract foreskin, if present, for thorough cleaning
    - d. Wipe area with cleansing solution twice; then wipe with clear water
    - e. Wipe area dry

H. Firmly apply collecting bag so that opening is exposed to receive urine

1. Female
    - a. Stretch perineum taut during application
    - b. Attach bag to perineum first, then proceed up to symphysis, making sure that bag edges are sealed securely to prevent leaking
2. Male
    - a. Place penis and scrotum inside bag

      (NOTE: Some facilities are using collection bags with smaller openings and recommending that only the penis be placed in the bag to avoid pressure on the scrotum. Follow guidelines appropriate for your facility.)

JOB SHEET #4

b. Firmly press the backing against skin to make sure that bag edges are sealed securely to prevent leaking (Figure 19)

FIGURE 19

I. Diaper infant and provide comfort

(NOTE: When placing the diaper on the infant, make sure that you can see a corner of the collecting bag so that you can see when urine has been collected.)

J. Wash hands

K. Give additional fluids, if allowed

L. Check patient frequently to see whether urine has been obtained

M. When urine has been obtained, remove bag gently, clean area thoroughly, and rediaper

N. Wash hands

III. Procedure for preparing urine to send to laboratory

A. Pour specimen from collecting bag into container

B. Fill out requisition properly and attach to specimen container to be sent to laboratory

JOB SHEET #4

C. Wash hands

D. Document procedure to include the following information

  1. Time specimen collection was started and ended
  2. Amount of urine voided
  3. Color and characteristics of urine

     EXAMPLES: Cloudy, clear, large amount of sediment, amber

  4. Type of procedure done
  5. Patient's tolerance of procedure

E. Deliver specimen to laboratory within thirty minutes of collection

JOB SHEET #4

IV. Checklist for procedure for applying the collecting bag (male and female)

		Performed Well	Needs Improvement
A.	Checked physician's order	☐	☐
B.	Identified patient, and explained procedure to parent or significant other	☐	☐
C.	Collected equipment	☐	☐
D.	Washed hands	☐	☐
E.	Poured solutions into appropriate containers	☐	☐
F.	Placed patient in supine position so that genitalia were exposed and legs were froglike	☐	☐

Comments:

V. Checklist for procedure for cleansing female genitalia and genital area

		Performed Well	Needs Improvement
A.	Dipped wiping material into cleansing agent and squeezed out excess	☐	☐
B.	Wiped labia majora from clitoris to anus and discarded the material; repeated the process	☐	☐
C.	Wiped area with clear water and clean wiping material	☐	☐
D.	Repeated process on labia minora, while spreading apart the labia with other hand	☐	☐
E.	Wiped area dry	☐	☐

JOB SHEET #4

Comments:

VI. Checklist for procedure for cleansing male genitalia and genital area

		Performed Well	Needs Improvement
A.	Dipped wiping material into cleansing agent and squeezed out excess	☐	☐
B.	Wiped tip of penis, using a circular motion toward scrotum	☐	☐
C.	Retracted foreskin, if present, for thorough cleaning	☐	☐
D.	Wiped area with cleansing solution twice; then wiped with clear water	☐	☐
E.	Wiped area dry	☐	☐

Comments:

VII. Checklist for procedure for firmly applying collecting bag to female so that opening is exposed to receive urine

		Performed Well	Needs Improvement
A.	Stretched perineum taut during application	☐	☐
B.	Attached bag to perineum first, then proceeded up to symphysis, making sure that bag edges were sealed securely to prevent leaking	☐	☐

JOB SHEET #4

Comments:

VIII. Checklist for procedure for firmly applying collecting bag to male so that opening is exposed to receive urine

		Performed Well	Needs Improvement
A.	Placed penis and scrotum inside bag	☐	☐
B.	Firmly pressed the backing against skin to make sure that bag edges were sealed securely to prevent leaking	☐	☐

Comments:

IX. Checklist for remaining procedures for applying the collecting bag (female and male)

		Performed Well	Needs Improvement
A.	Diapered infant and provided comfort	☐	☐
B.	Washed hands	☐	☐
C.	Gave additional fluids, if allowed	☐	☐
D.	Checked patient frequently to see whether urine had been obtained	☐	☐

JOB SHEET #4

		Performed Well	Needs Improvement
E.	When urine had been obtained, removed bag gently, cleaned area thoroughly, and rediapered	☐	☐
F.	Washed hands	☐	☐

Comments:

X. Checklist for procedure for preparing urine to send to laboratory

		Performed Well	Needs Improvement
A.	Poured specimen from collecting bag into container	☐	☐
B.	Filled out requisition properly and attached to specimen container to be sent to laboratory	☐	☐
C.	Washed hands	☐	☐
D.	Documented procedure to include the following information: time specimen collection was started and ended, amount of urine voided, color and characteristics of urine, type of procedure done, and patient's tolerance of procedure	☐	☐
E.	Delivered specimen to laboratory within thirty minutes of collection	☐	☐

Comments:

INTRODUCTION TO PEDIATRIC NURSING
UNIT II

JOB SHEET #5 — ADMINISTER AN ENEMA TO A PEDIATRIC PATIENT

I. Equipment

A. Solution

(NOTE: The type and amount of solution will be ordered by the physician. Normal saline is the most common solution given as it is an isotonic solution. Caution must be taken in the amount given for the age and size of the child. See Table 8 for suggested amounts.)

TABLE 8

Age	Amount (ml)
Infant	150-250
Small child	250-350
Larger child	350-500
Adolescent	500-750

B. Solution container and tubing

(NOTE: Tubing size will be based on the size of the child.)

C. Lubricant

D. Bedpan

E. Bed protector(s)

F. Tissue

II. Procedure for administration of enema

A. Check physician's order

B. Obtain equipment

C. Identify patient and explain procedure

(NOTE: Explain the procedure at the level of the child's understanding. Also explain to parents or significant others what the procedure will entail and why it is being performed.)

D. Wash hands

JOB SHEET #5

E. Provide for privacy

F. Place bed protector under patient's buttocks

G. Position patient according to age

  1. Older child — Position on left side with upper leg flexed

  2. Smaller child or infant — Position in supine position, with a pillow placed under head and back, and a bedpan under buttocks

  (NOTE: Assistance or gentle restraint may be needed to hold the child in this position.)

H. Prepare solution container and lubricate tubing; allow some solution to clear tubing

I. Insert tubing into the rectum just within the anal sphincter approximately 3.7 cm to 10 cm (1 ½ to 4 inches), depending on age of patient

J. Hang or hold solution container no higher than 30 cm to 45 cm (12 to 18 inches) above patient's hips

K. Administer prescribed amount of solution

(NOTE: Because of the lack of sensory control in the rectum, the infant and small child are unable to retain the solution. It may be necessary to hold the buttocks together for a short time to help the patient retain the solution longer.)

L. Remove tubing

M. Apply diaper to infant; move young child to a small potty chair if toilet trained; assist older child to bathroom or use the bedpan on a chair

N. Note the elimination of the solution and other contents

O. Assist in thorough cleansing and drying of buttocks, and make patient comfortable

P. Wash hands

Q. Document procedure to include the following information

  1. Time of enema

  2. Type and amount of solution

  3. Results, including amount, color, and consistency

  4. Patient's tolerance of procedure

JOB SHEET #5

III. Checklist for procedure for administration of enema

		Performed Well	Needs Improvement
A.	Checked physician's order	☐	☐
B.	Obtained equipment	☐	☐
C.	Identified patient and explained procedure	☐	☐
D.	Washed hands	☐	☐
E.	Provided for privacy	☐	☐
F.	Placed bed protector under patient's buttocks	☐	☐
G.	Positioned older child on left side with upper leg flexed	☐	☐
H.	Positioned small child or infant in supine position, with a pillow placed under head and back, and a bedpan under buttocks	☐	☐
I.	Prepared solution container and lubricated tubing; allowed some solution to clear tubing	☐	☐
J.	Inserted tubing into the rectum just within the anal sphincter approximately 3.7 cm to 10 cm (1 ½ to 4 inches), depending on age of patient	☐	☐
K.	Hung or held solution container no higher than 30 cm to 45 cm (12 to 18 inches) above patient's hips	☐	☐
L.	Administered prescribed amount of solution	☐	☐
M.	Removed tubing	☐	☐
N.	Applied diaper to infant; moved young child to a small potty chair if toilet trained; assisted older child to bathroom or used the bedpan on a chair	☐	☐
O.	Noted the elimination of the solution and other contents	☐	☐
P.	Assisted in thorough cleansing and drying of buttocks, and made patient comfortable	☐	☐

JOB SHEET #5

		Performed Well	Needs Improvement
Q.	Washed hands	☐	☐
R.	Documented procedure to include the following information: time of enema; type and amount of solution; results, including amount, color, and consistency; patient's tolerance of procedure	☐	☐

Comments:____

____

____

____

____

INTRODUCTION TO PEDIATRIC NURSING
UNIT II

TEST

NAME ________________________________ SCORE ______________

1. Match to their correct definitions terms associated with pediatric nursing. Write the correct numbers in the blanks.

______a. Branch of medicine that deals with the care of infants from birth to six weeks old

______b. Branch of medicine that deals with adolescents

______c. Branch of medicine that deals with the development, care, and diseases of children

1. Ephebiatrics
2. Neonatology
3. Pediatrics

2. Select from the following list responsibilities of the pediatric nurse. Write an "X" in the blank before each correct answer.

______a. Providing genetic counseling

______b. Provide in-depth psychological counseling for parents

______c. Providing a safe environment

______d. Obtaining medical data from patient and family

______e. Giving information and direction related to health care and follow-up to patients and their families upon discharge

______f. Prescribing specific drugs for pediatric patients

______g. Performing physical assessment

______h. Promoting a loving and caring atmosphere for pediatric patients and their families

______i. Assisting with diagnostic procedures and treatment of the pediatric patient

______j. Providing sex education for pediatric patients

______k. Developing care plan with the assistance of the patient, family, and other health care team members

TEST

3. Describe special physical and mental and emotional considerations for the pediatric patient.

a. Physical — ______________________________

____

____

____

____

____

____

b. Mental and emotional — ______________________________

____

____

____

____

____

____

4. Identify communicable childhood diseases according to their modes of transmission and periods of incubation and communicability. Write the correct answers in the blanks.

Varicella (chicken pox)
Rubeola (measles)
Mumps
Diphtheria
Pertussis (whooping cough)
Scarlet fever
Rubella (German measles)

Disease	Transmission	Incubation Period	Period of Communicability
a. ______________	Direct contact and spread via infected person; indirect from articles contaminated with nasal secretions, feces, or urine	14 to 21 days	Seven days before to about five days after rash appears

TEST

Disease	Transmission	Incubation Period	Period of Communicability
b. ________	Direct contact or droplet spread from infected person, or articles freshly contaminated with discharge from respiratory tract	5 to 21 days, usually 10	From time of first symptoms of upper respiratory infection, extending to four weeks after cough develops
c. ________	Direct contact with infected person, a carrier, or contaminated articles (discharges from nose, nasopharynx, skin, and other lesions)	Usually 2 to 5 days	Until the bacteria is no longer virulent
d. ________	Direct contact with droplet from respiratory tract of infected person; contaminated objects	2 to 3 weeks	From first day before eruption of lesions while patient is febrile and before the crusts dry, to six days after eruption of first crop of vesicles
e. ________	Direct contact with droplets from infected person (respiratory tract secretions, blood, and urine)	10 to 20 days	From four days before to five days after rash appears
f. ________	Direct contact with infected person or droplet of saliva	14 to 21 days	From one to six days before swelling begins, to nine days after onset of swelling
g. ________	Direct contact with infected person, or droplet spread; can also be spread by contaminated articles and milk or other food	2 to 4 days, with range of 1 to 7 days	From approximately ten days to first two weeks of carrier phase

TEST

5. Identify communicable childhood diseases according to their symptoms and treatment. Write the correct answers in the blanks.

Varicella (chicken pox)	**Pertussis (whooping cough)**
Rubeola (measles)	**Scarlet fever**
Mumps	**Rubella (German measles)**
Diphtheria	

Disease	Symptoms	Treatment
a. ________________	Slight fever, malaise, and anorexia before rash Macules progressing to papules, then to vesicles that form a crust Pruritus	Maintain strict isolation of child until vesicles dry and child is afebrile Apply a topical lotion to soothe itching Cut child's fingernails and caution child not to scratch
b. ________________	Fever, headache, malaise, and anorexia for twenty-four hours, followed by earache Swelling of parotid glands on third day	Maintain respiratory isolation of child during communicable periods Maintain bed rest Give prescribed analgesics for pain, antipyretics for fever Apply hot or cold compresses to neck, whichever are most comfortable
c. ________________	Symptoms of upper respiratory infection lasting one to two weeks before cough appears	Maintain respiratory isolation of child Give prescribed antimicrobials Maintain bed rest Observe for signs of airway obstruction Increase 0_2 intake and humidity
d. ________________	Rash appearing on face and spreading rapidly downward Low-grade fever, headache, malaise	No treatment is needed except for the use of antipyretics and analgesics

TEST

Disease	Symptoms	Treatment
e. ______________	Fever, malaise, followed by coryza and cough Rash appearing two days later, beginning on upper torso and gradually spreading to lower extremities	Maintain respiratory isolation of child until fifth day of rash Maintain bed rest or provide quiet activities Give prescribed antipyretics for fever Dim lights if photophobia is present, and keep child from rubbing eyes
f. ______________	Nasal — Nasal discharge and cold symptoms Tonsils — Inflammation of tonsils, high fever, smooth membrane adhering to tonsils Larynx — Hoarseness, cough, and possible airway obstruction	Maintain *strict* isolation of child Maintain bed rest Regulate humidity to liquefy secretions Give prescribed antibiotics Observe for symptoms of airway obstruction and keep tracheostomy kit available
g. ______________	Abrupt high fever Pulse increase out of proportion to fever; vomiting, headache, chills, malaise Enlarged tonsils Rash appearing within twelve hours after first signs	Administer penicillin Maintain bed rest Isolate until twenty-four hours after treatment begins Administer prescribed analgesics, antiseptic throat sprays Encourage fluids

6. Select from the following list characteristics of a well-organized and well-equipped pediatric unit. Write an "X" in the blank before each correct answer.

Organizational and physical

______a. Colorful, homelike surroundings scaled to child size

______b. Exam tables in each patient room

______c. Nurses' station centrally located for easy access and observation of patient rooms

______d. Separate treatment and examination rooms located away from patient rooms

______e. Rooms or space for parents to remain with child

______f. Beds and cribs together in units for children of different age groups

TEST

_____g. Screens available to use with isolation area

_____h. Playroom and schoolroom areas

_____i. Beds within units assigned to children of the same ages and care requirements

_____j. Common dining area available for ambulatory patients

_____k. Seclusion rooms for children with behavior problems

Equipmental

_____a. Equipment scaled to child size when possible

_____b. Equipment to be shared among patients in the same ward

_____c. Dome cribs for all patients four years and under

_____d. Safety equipment available for use when needed

7. Describe guidelines for providing play therapy and school activities in the pediatric unit.

a. Play — ____

____

____

____

____

____

____

____

____

b. School — _______________________________________

____

____

TEST

8. State general guidelines to follow in caring for the pediatric patient.

a. Greeting patients

1) ________________________________

2) ________________________________

b. Communicating with parents

1) ________________________________

2) ________________________________

c. Developing care plans

1) ________________________________

2) ________________________________

d. Equipment and procedures

1) ________________________________

2) ________________________________

3) ________________________________

4) ________________________________

5) ________________________________

e. General care

1) ________________________________

2) ________________________________

3) ________________________________

4) ________________________________

5) ________________________________

6) ________________________________

7) ________________________________

TEST

f. Discipline

1) ____________________

2) ____________________

(NOTE: Test questions 9-12 list the assignment and job sheets. They are an important part of this test. If they have not been completed, check with your instructor.)

9. Evaluate a pediatric unit.

10. Relate to pediatric patients and their families.

11. Admit a pediatric patient to the unit.

12. Demonstrate the ability to

    a. Take vital signs of a pediatric patient.

    b. Weigh and measure a pediatric patient.

    c. Position and restrain a pediatric patient.

    d. Use a pediatric collecting bag to collect a urine specimen.

    e. Administer an enema to a pediatric patient.

INTRODUCTION TO PEDIATRIC NURSING
UNIT II

ANSWERS TO TEST

1. a. 2
   b. 1
   c. 3

2. c, d, e, g, h, i, k

3. Description should include the following
   a. Physical
      1) Illnesses, recovery, and repair occur more rapidly than in adults
      2) Physical size influences selection of equipment and methods of treatment
      3) Immunities are not fully developed
      4) Immature anatomical and physiological development may promote certain conditions
      5) Severity of symptoms will vary
   b. Mental and emotional
      1) Limited ability to communicate requires close observation of objective symptoms
      2) Attention span is short and may be shifted to something more pleasant to distract from discomfort
      3) Past and future experiences are not as important as what is happening in the present

4. a. Rubella (German measles)
   b. Pertussis (whooping cough)
   c. Diphtheria
   d. Varicella (chicken pox)
   e. Rubeola (measles)

ANSWERS TO TEST

f. Mumps

g. Scarlet fever

5. a. Varicella (chicken pox)

b. Mumps

c. Pertussis (whooping cough)

d. Rubella (German measles)

e. Rubeola (measles)

f. Diphtheria

g. Scarlet fever

6. **Organizational and physical**

a, c, d, e, h, i, j

Equipmental

a, d

7. Description should include the following

a. Play

1) Plan activities according to age, interests, diagnosis, and the limitations imposed because of the illness

2) Select safe toys that stimulate play and are appropriate for age group

3) Sanitize toys routinely and check them for defects

4) Organize play activities to help patients understand and imitate activities and procedures they see in the hospital

5) Provide activities that allow child to vent feelings of anger, hostility, and fear

6) Provide opportunities for group play with peers

b. School

1) Provide opportunities for patients to continue studies

2) Provide extra encouragement for the patient who has a chronic or terminal illness

ANSWERS TO TEST

8. a. Greeting patients
    1) Greet patient by name in a friendly manner, after allowing patient to view you at eye level from a safe distance
    2) Introduce yourself and allow patient to react

   b. Communicating with parents
    1) Develop an open line of communication with parents
    2) Allow parents to ask questions and to participate in patient's care whenever possible

   c. Developing care plans
    1) Develop care plan based on an assessment of the patient and the family's relationship with patient
    2) Involve the family and patient in developing the care plan

   d. Equipment and procedures
    1) Explain all tests, procedures, and treatments to patient and family, using appropriate terminology
    2) Use play techniques when explaining to the patient the use of equipment or procedures
    3) Allow patient to see and feel the equipment if possible
    4) Tell patient the truth if a procedure will cause discomfort
    5) Show acceptance of patient, even though you do not always approve of patient's behavior during procedures

   e. General care
    1) Allow patient to keep a favorite toy, blanket, or other object from home as needed
    2) Avoid associating bed rest, medications, treatments, or injections with forms of punishment
    3) Provide continuity of care by having one nurse per shift assigned to the same patient each day if possible
    4) Give patient choices when possible

ANSWERS TO TEST

5) Expect some regression in behavior; reassure patient and parents or significant others

6) Promote independence by allowing patient to assist in care

7) Provide for privacy and avoid unnecessary exposure of patient's body; knock before entering room

f. Discipline

1) Set guidelines for behavior, and be consistent in following policies and rules

2) Advise parents or significant others of hospital policies; be consistent in enforcement

9. Evaluated to the satisfaction of the instructor

10. Evaluated to the satisfaction of the instructor

11. Evaluated to the satisfaction of the instructor

12. Performance skills evaluated to the satisfaction of the instructor

ORGANIZATIONAL AND MANAGEMENT SKILLS FOR PRACTICAL NURSES
UNIT III

UNIT OBJECTIVE

After completing this unit, the student should be able to function as a team leader, transcribe orders, coordinate patient care, and plan patient discharge. The student will show this knowledge by completing assignment sheets and unit test with a minimum score of 85 percent.

SPECIFIC OBJECTIVES

After completing this unit, the student should be able to

1. Describe the role of the practical nurse as a team leader.
2. Select from a list characteristics of a good team leader.
3. Select from a list characteristics of types of management systems.
4. Arrange in order problem-solving steps.
5. List common mistakes made by managers.
6. List major factors that may cause employee problems.
7. State guidelines for giving and receiving end-of-shift reports.
8. State precautions to take when transcribing orders.
9. State guidelines for taking verbal and telephone orders.
10. Select from a list guidelines for transcribing drug orders.
11. Select from a list routine laboratory orders.
12. State guidelines for transcribing laboratory orders.
13. Match x-ray procedures to their correct purposes.
14. Identify common x-ray procedures according to measures used to prepare patients.
15. State guidelines for transcribing x-ray orders.
16. Describe guidelines for transcribing dietary orders.
17. Describe guidelines for transcribing pre- and postoperative orders.

OBJECTIVE SHEET

18. Select from a list guidelines to use in patient and family teaching and discharge planning.

19. Coordinate patient care as a team leader.

20. Transcribe drug, laboratory, x-ray, dietary, and pre- and postoperative orders.

21. Plan a patient discharge.

22. Evaluate team-leading experience.

ORGANIZATIONAL AND MANAGEMENT SKILLS
FOR PRACTICAL NURSES
UNIT III

SUGGESTED ACTIVITIES

I. Unit contents

   A. Objective sheet

   B. Suggested activities

   C. Information sheet

   D. Assignment sheets

      1. Assignment Sheet #1 — Coordinate Patient Care as a Team Leader

      2. Assignment Sheet #2 — Transcribe Drug, Laboratory, X-Ray, Dietary, and Pre- and Postoperative Orders

      3. Assignment Sheet #3 — Plan a Patient Discharge

      4. Assignment Sheet #4 — Evaluate Team-Leading Experience

   E. Answers to assignment sheets

   F. Test

   G. Answers to test

II. Instructor's guide

   A. Order materials to supplement unit.

   (NOTE: The following filmstrips are available from Trainex Corporation, P. O. Box 116, Garden Grove, California 92642.)

      1. Filmstrips

         a. *Transcribing the Doctor's Orders*

         (NOTE: This filmstrip discusses transcription abbreviations, special-timing instructions, order variations, and how to handle problems.)

         b. *Maintaining the Patient's Chart*

         (NOTE: This filmstrip discusses how to work with basic chart forms and how to prepare charts for surgical patients and discharge patients.)

      2. *Regan Report on Nursing Law*. Available from Media Press, 1231 Industrial Bank Building, Providence, Rhode Island 02903.

SUGGESTED ACTIVITIES

B. Introduce unit by focusing on the importance of the health team working together and the challenge of being a good team leader.

SUGGESTIONS:

- Invite an LPN who works as a team leader to discuss the job role and responsibilities.
- Observe a health team working together throughout a shift and discuss the importance of organizing activities.

C. Provide students with objective sheet.

D. Discuss unit and specific objectives. Emphasize the importance of being a competent, skilled nurse before assuming the role of a team leader or charge nurse. Discuss the varied tasks of the team leader or charge nurse listed in the specific objectives.

SUGGESTION:

- Ask students to write down all of the tasks they can think of that they have noticed the team leader or charge nurse performing. Discuss the variety of tasks and the skills needed to perform each one.

E. Provide students with information and assignment sheets.

F. Discuss information and assignment sheets.

1. Discuss Information Sheet, Sections I and II, relating the importance of each characteristic needed for the role of team leader or charge nurse.

   SUGGESTIONS:

   - Ask students to give an example for each characteristic and to explain how the characteristic affects the role of the team leader and the effective functioning of the health team.
   - Have each student develop and lead a clinical conference.

2. Discuss Information Sheet, Section III, stressing the need for each person to find the type of management system that fits the individual's personality, attitudes, and skills.

   SUGGESTION:

   - Present problems or case studies to students and have them respond as if they were in charge. Also, have students identify the style of management used.

SUGGESTED ACTIVITIES

3. Stress the need for an organized plan for problem solving. Use Information Sheet, Section IV.

   SUGGESTION:

   - Divide students into groups of four or five and give each group a specific problem to solve, focusing on real situations found in a nursing unit. Ask one student to be the team leader and to work through the problem with the group to find at least one solution to the problem.

4. Reinforce Information Sheet, Section V by brainstorming, role-playing, or simulations.

   SUGGESTION:

   - Ask students to give examples of the common mistakes given and to decide how they would correct them.

5. Apply information in Information Sheet, Section VI to the real world of work. Discuss ways of coping with employee problems.

   SUGGESTIONS:

   - Give students simulated experiences of coping with employees with the listed problems. Ask them, as team leaders, to come up with ideas that they would use to solve the problems.

   - Ask a personnel director or a director of nurses to speak to the class on how to solve some of the major employee problems.

6. Use information in Information Sheet, Section VII to stress the importance of being able to give and receive a good report.

   SUGGESTIONS:

   - Provide patient information in a simulated Kardex so that students may practice giving and receiving reports. Use a tape recorder, if possible, to allow students to hear their reports.

   - Have students use the same patient information in a simulated Kardex to complete Assignment Sheet #1.

7. Discuss Information Sheet, Sections VIII and IX, stressing the importance of accuracy in transcribing and carrying out a physician's orders as the main factor in reducing mistakes in patient care.

   SUGGESTIONS:

   - Have students complete Assignment Sheet #2.

SUGGESTED ACTIVITIES

- Use the *Regan Report on Nursing Law* case studies of instances when a mistake in taking or transcribing orders caused an error in patient care to be made.
- Have students role-play taking orders verbally and by telephone, and emphasize the importance of repeating the information and writing the data correctly.

8. Provide students with the opportunity to practice transcribing orders, using information in Information Sheet, Sections X through XVII.

SUGGESTIONS:

- Obtain copies of used physicians' orders and the forms, cards, requests, and so on that are used in your facility so that students may practice transcribing orders. Be sure that patients' names have been removed.
- Show filmstrips *Transcribing the Doctor's Orders* and *Maintaining the Patient's Chart.*
- Obtain copies of the procedure books used in your facility, and discuss the various specific preps used for laboratory and x-ray procedures.

9. Discuss Information Sheet, Section XVIII, stressing the importance of the nurse's role in preparing the patient and family to continue the care program during hospitalization and after the patient is discharged.

SUGGESTIONS:

- Assign students specific skills to teach to a patient and the patient's family. Have them develop teaching plans and role-play with a classmate the teaching program.
- Have students complete Assignment Sheet #3 so that they may practice planning for a patient discharge.

10. Allow students to evaluate their team-leading experience by completing Assignment Sheet #4.

G. Give test.

H. Reteach and retest if necessary.

III. Unit references

A. Rosdahl, Caroline Bunker. *Textbook of Basic Nursing.* Philadelphia: J.B. Lippincott Company, 1981.

SUGGESTED ACTIVITIES

B. Rowland, Howard W., and Beatrice L. Rowland. *Nursing Administration Handbook*. Germantown, Maryland: An Aspen Publication, Aspen Systems Corporation, 1980.

C. Schweiger, Joyce L. *The Nurse as Manager*. New York: A Wiley Medical Publication, John Wiley and Sons, 1980.

D. Tucker, Susan Martin, et al. *Patient Care Standards*. St. Louis: The C.V. Mosby Company, 1980.

ORGANIZATIONAL AND MANAGEMENT SKILLS
FOR PRACTICAL NURSES
UNIT III

INFORMATION SHEET

I. Role of practical nurse as team leader

(NOTE: In many facilities, the practical nurse acts as team leader responsible for the care of several patients, coordinating his or her staff in giving medications and treatments, and completing the charting. In some facilities, practical nurses may act in the capacity of charge nurses, giving them even more responsibility.)

A. Plans patient care

1. Receives, interprets, and coordinates information in verbal and written reports concerning patient care

   (NOTE: This process begins as the nurse transcribes physicians' orders and transfers information to health team.)

   EXAMPLES: Nurses notes, Kardex, care plans, giving and receiving report at shift changes

2. Discusses patient care with physician, nursing staff, and other health care team members to plan care program

   (NOTE: Communication between health care team members is vital and can be accomplished through a variety of methods.)

   EXAMPLES: Nurses notes, Kardex, progress notes, one-on-one conferences, team conferences, clinical conferences

3. Develops nursing care plans for individual patients

   (NOTE: Nursing care plans are vital for effective patient care, but the main focus should be providing that patient care. Care plans must be kept current to be usable. In-depth information should be kept to a minimum: only the specific care guidelines should be written on the plan.)

4. Makes nursing rounds to evaluate and assess patients' needs

   (NOTE: The nursing rounds made at the beginning and end of each shift should be a high priority on the team leader's list of tasks. After report and assignments have been made, the team leader should

INFORMATION SHEET

begin making rounds to assess patients. To obtain an initial assessment of their conditions, the team leader should use all skills in observing and questioning patients. Pencil and paper should be used to write down notes that will help the team leader check on patient status throughout the shift and to give a basis on which care can be evaluated at the end of the shift. Nursing rounds should again be made at the end of the shift before final nurses notes are made. Changes in patients' conditions can be noted and documented. Treatment, medications, IV fluids, dressings, and other care provided for that shift can be described and documented.)

B. Implements patient care

1. Coordinates with other departments when patient care requires their expertise

2. Assigns staff in terms of patient needs and staff level of knowledge and skills

   (NOTE: After report, making assignments is the next priority for the team leader. The first consideration is the ratio of patients to team members and the degree of care that will be needed by the patient. The second consideration is the makeup of the team. The number of nursing assistants, technicians, and licensed personnel will also make a difference in assignments. Next, the team leader must consider what tasks or roles will be assumed in that position. The team leader may be responsible for coordinating patient care, transcribing and checking orders, making rounds with physicians, administering medications, giving treatments, and giving patient care. Making assignments is a daily task that will change according to the number and type of patients and the number and type of staff available.)

3. Seeks guidance when problems are beyond limits of knowledge or skills

4. Prepares written and verbal reports concerning patient care, and communicates these reports to other staff

5. Makes rounds with physicians, and assists with examinations and treatments

6. Provides for patient and family teaching and for discharge planning

C. Coordinates staff activities

1. Serves as a role model for staff

2. Provides opportunities for staff to learn new skills

   (NOTE: Through clinical conferences, the team leader can provide time for the team to meet or discuss a specific patient's care, new techniques, new equipment, or problems related to patient care.)

INFORMATION SHEET

3. Uses leadership skills in the management of staff

(NOTE: The team leader may want to call a team conference to discuss problems or concerns among the team. The team is given the freedom to discuss their feelings and find solutions for problems. It is better to get things out in the open before resentments or personality conflicts grow and get out of hand.)

4. Assesses patient care given by staff, and directs needed changes

II. Characteristics of a good team leader

(NOTE: The team leader must feel confident of nursing skills and concepts in directing the team in effective and safe care giving. It is best if the practical nurse has at least a year of clinical experience and is competent in basic nursing care before assuming the position of team leader or charge nurse.)

A. Is knowledgeable, skilled, and experienced in the nursing profession

B. Is professional in appearance, attitude, and philosophy

(NOTE: The team leader must exhibit a calm and controlled disposition. The team should see in their leader a dedicated and sincere professional, someone to emulate.)

C. Shows concern for others and wants others to achieve and grow in the nursing profession

(NOTE: The team leader should be willing to accept and use ideas and suggestions from the team, as this gives others the opportunity to have rewarding experiences and to be credited for their achievements. It also promotes a sense of teamwork and cohesiveness in the unit.)

D. Is able to make decisions based on careful and complete analysis of all facts, and is able to use good judgment in carrying out decisions

(NOTE: The team leader assumes the majority of the responsibility for activities carried out in the unit. Decisiveness based on good judgment improves with time as the team leader strengthens this skill.)

E. Is creative in planning new approaches, and takes the initiative to carry them out

(NOTE: The team leader must be able to create new ideas for the unit and to implement them in the team's plan of care. This is one of the major challenges of being a team leader.)

F. Is organized in determining priorities and in planning effective actions for the unit

(NOTE: The team leader must be a very well-organized person who operates the unit as a smoothly functioning team that can face any crisis with a minimum of disruption.)

INFORMATION SHEET

G. Is aware of total environment that influences the planning of patient care, the unit's effectiveness, and the problems of individual team members

(NOTE: A good team leader should be aware of the happenings in and out of the nursing realm. Knowledge of government and world problems, current events, and community activities enables the team leader to grow as an individual. Reading, listening, and interpreting information helps the team leader communicate with staff and patients.)

H. Possesses good physical and emotional health

(NOTE: The team leader will undergo pressure and stress related to managing people and time. Good physical health and emotional stability are needed in order to hold up under the stress that is a part of acceptance of responsibility.)

I. Is flexible in coping with change

(NOTE: The team leader must be flexible when changes occur. In an ever-changing field such as health care, changes occur that call for the person in charge to implement changes and to encourage the team to make those changes.)

J. Is able to discipline and provide structure for team members

(NOTE: It is not easy to discipline peers, but discipline can be handled in many ways. The team leader must be able to keep emotions under control and to be firm and consistent when taking actions. Counseling with an employee can be a positive experience if handled properly. It takes time to develop strengths in this area.)

III. Characteristics of types of management systems

(NOTE: The evidence of effective or ineffective management can be seen, but the type of management system used may not be easily identifiable. The nurse manager may use one type of management system or blend several types. Selection of a system may depend on the person's personality, previous experiences with supervisors and management system, or educational background.)

A. Autocratic

1. Manager is demanding and exhibits a high degree of control

2. Manager uses negative motivation in dealing with employees

3. Manager believes that employees are ineffective and incapable of self-direction

INFORMATION SHEET

B. Democratic

1. Manager is humanistic and exhibits attitude of employees' being self-directed and responsible

2. Manager uses positive motivation in dealing with employees

3. Manager believes that employees should take part in making decisions and accepting responsibilities

C. Independent

1. Manager believes that each situation is different and requires different leadership styles

2. Manager uses different styles based on situations and employees

IV. Problem-solving steps

(NOTE: Problem solving takes place in all personal lives and professions. The team leader spends a great deal of time solving problems in a unit. The same formula for problem solving in our personal lives can be adapted in the health setting.)

A. Identify and define the problem

(NOTE: The problem can be patient/staff, staff/staff, staff/other departments in the hospital, or staff/supervisor related. To identify the problem, the team leader needs to collect all pertinent information and to observe the situation.}

B. Get all the facts

(NOTE: Listen to all sides of the situation. Make nonjudgmental observations of all persons involved. Gather any documented information available.)

C. Determine a number of workable solutions

(NOTE: Jot down or brainstorm several solutions to the problem based on the information gathered.)

D. Evaluate each solution for workabiilty

(NOTE: Discuss solutions with supervisor or other department heads. If possible, ask for assistance from those involved.)

E. Select the action that appears to be most practical

(NOTE: Selecting an action means that the team leader makes a decision.)

INFORMATION SHEET

F. Implement the selected solution

(NOTE: The team leader must carry out the selected action, which requires being prepared for resistance or acceptance depending on who is involved.)

G. Evaluate the results

H. Make adjustments if needed

V. Common mistakes made by managers

(NOTE: Accepting the position and taking charge as a team leader or charge nurse is a big challenge. It is good to know at the beginning that some mistakes will be made and that learning will take place through experience. Some common mistakes can be identified and avoided before they are made.)

A. Failing to treat the staff as individuals

(NOTE: Even though your staff may be subordinates, they are individuals and should be treated as unique persons with their own personalities.)

B. Trying to be liked rather than respected

C. Failing to keep criticism constructive

D. Failing to make sure that tasks are understood and carried out

E. Wasting time on details or work that belongs to others

F. Failing to keep commitments

G. Failing to keep the team informed

H. Emphasizing rules rather than skills

I. Using your position for personal gain and credit

J. Failing to make decisions based on sound facts

K. Failing to set a good example

L. Failing to ask for advice from the team

M. Failing to pay attention to complaints from the team

VI. Major factors that may cause employee problems

(NOTE: These are common factors that cause employees to become problems. Most of these could be solved through good team leadership.)

A. Emotional immaturity

INFORMATION SHEET

B. Excessive or lack of supervisory direction

C. Inability to get along with others

D. Job insecurity

E. Wrong job

F. Personal problems

G. Poor health

H. Poor work habits

I. Poor attitude

VII. Guidelines for giving and receiving end-of-shift reports (Assignment Sheet #1)

(NOTE: Some facilities are now using tape recorders for end-of-shift reports. The basic guidelines below can be used for all types of reporting.)

A. Giving report

1. Collect important information beforehand

   (NOTE: Do not give a minute-by-minute report; just give the most important details that the next shift will need. Do not interrupt report to check on other reports or to gather information.)

2. Start on time

   (NOTE: Do not let the report become an occasion for socializing. Start on time, even though some of the staff may be late.)

3. Speak clearly; do not mumble, eat, or drink while giving report

4. Start each report with date and shift, and end each report with your name and title if using a recorder

5. Begin each patient report with patient's name, patient's age, physician's name, and primary diagnosis or treatment

   EXAMPLE: Mr. John Berry, age thirty-five, patient of Dr. Likely, with a diagnosis of perforated ulcer

6. Move systematically from top to bottom of the Kardex to make sure that you do not miss any important information

   (NOTE: Emphasize any restrictions or cautions that need to be observed.)

INFORMATION SHEET

7. Give summaries of current problems and give solutions if possible, but restrict your personal opinions

8. Report pertinent diagnostic tests and treatments

   (NOTE: Report tests to be done, any special preps that need to be completed, results of tests already completed, and the time that test results will return. Report any treatments to be done and results of treatments given.)

9. Provide notes, cards, requisitions or other items the next shift will need to provide patient care

   EXAMPLES: Requisitions for a lab test to be completed on their shift, new medication or treatment cards, phone number to call physician when lab report returns, IV medications or solutions to hang next

B. Receiving report

1. Take notes of things to check as you make rounds, make assignments, or check charts

2. Visualize the patient as the information is being presented

3. Listen carefully for any new information

   (NOTE: Do not assume that the information you hear is old, even though the patient has been hospitalized for some time. Listen for new and current information on the treatment and diagnosis.)

VIII. General precautions to take when transcribing orders (Assignment Sheet #2)

A. Always transcribe orders accurately

(NOTE: Errors in transcription can be serious Errors that result in the wrong order, test, or procedure being carried out may be life-threatening for the patient or may cost the patient needless discomfort, time, or money.)

B. Question any orders that do not seem logical or correct

EXAMPLES: Question incorrect forms, illogical preparation of patient, incorrect dosages of medication

C. Always print or write legibly

D. Use only standard abbreviations

INFORMATION SHEET

E. Transcribe orders in a sequence or order; do not skip over orders, thinking you will do them at a later time

EXAMPLE: Note all STAT or "now" orders first; then note drug orders, laboratory, x-ray or other procedures, diet orders, other care procedures

IX. Guidelines for taking verbal and telephone orders

(NOTE: The charge nurse is usually the one who takes telephone orders, but LPNs may assume this responsibility if hospital policies so indicate.)

A. Repeat verbal or telephone orders back as you have taken them and have them written down

(NOTE: Verbal and telephone orders may result in errors when the communication is not understood, or the person taking the order is unfamiliar with the given information.)

B. Make sure that all verbal or telephone orders are signed by the physician as soon as possible

(NOTE: The person taking the telephone or verbal order is responsible for his or her own actions. If a wrong order is written, that person is legally liable. The student nurse should *never* take verbal or telephone orders.)

X. Guidelines for transcribing drug orders

A. Read orders and carry through STAT orders first

(NOTE: STAT orders mean that the drug should be obtained and given immediately. "Single dose" is not an emergency order but means that only one dose is given.)

B. Fill out forms or note drug orders to be sent to pharmacy

C. Write related information on Kardex

EXAMPLE: Name of medication, dosage, route of administration, times of administration

(NOTE: If your hospital uses flow sheets or other forms, fill these out from the orders.)

D. Note on Kardex any medication that must be reordered and the stop dates

(NOTE: Most antibiotics, anticoagulants, hypnotics, and narcotics must be reordered every forty-eight hours. Use a pencil when noting these orders.)

INFORMATION SHEET

E. Complete a medication card for each medication

(NOTE: In some hospitals, medication cards are different colors denoting different routes of administration. Some hospitals use a patient profile along with a cart system.)

F. Enter medication, dose, and times to be given on the nurses note sheet, in medication record, or on flow sheet

G. Inform person giving medications; give that person the medication cards or profile

H. Use methods appropriate in your facility for checking off orders and signing the order sheet

I. Follow facility policies when discontinuing medication on chart, Kardex, medication card or flow sheet, and patient profile

EXAMPLES: Cross out the drug on the Kardex, notify the medication nurse, destroy medication card, contact the pharmacy, mark DC on medication sheet or profile.

XI. Routine laboratory orders

(NOTE: Some hospitals have routine laboratory work that is normally done on each patient who enters the hospital. These orders will differ from one hospital to another.)

A. UA

B. CBC, WBC

C. Electrolytes

D. Urine culture

E. Blood culture

F. Type and cross match for blood

(NOTE: This order is usually given if the patient is to have surgery.)

XII. Guidelines for transcribing laboratory orders

A. Write laboratory order in correct place on Kardex, making sure to note any special restrictions or preparations

EXAMPLES: Withhold food for 12 hours, 24-hour urine on ice

INFORMATION SHEET

B. Prepare the correct laboratory form

C. Check with laboratory or consult laboratory procedure manual if you do not understand the order or if you are unsure which form to use

D. Send request to laboratory and inform the technician if he or she is to obtain the specimen; or hold form at the desk and inform person caring for patient to obtain the specimen

E. Make sure that request form is clearly stamped with the correct patient's name and room number

F. Order any special equipment that you might need to obtain the specimen

EXAMPLES: Sputum specimen cups, containers with preservative chemicals for urine collection

G. Post signs in patient's unit to make others aware of specimen needed

EXAMPLES: "Strain All Urine," "Stool Specimen Needed"

H. Ask person who will be caring for patient to explain procedure to patient

I. Read all lab reports, and notify supervisor or physician of any abnormalities; attach report in appropriate place in chart

XIII. Purposes of common x-ray procedures

A. Gastrointestinal series (GI or upper GI) — Visualizes the esophagus, stomach, and small intestine

B. Colon series (lower GI) — Visualizes the large intestine

C. Cholecystogram (GB series) — Visualizes the gallbladder

D. Intravenous pyelogram (IVP) — Visualizes the kidneys, ureters, and bladder

E. Ultrasonogram — Visualizes a cross-sectional image of soft structures of the body and distinguishes between different tissue densities

(NOTE: Ultrasound is used to assess the growth of a fetus and to detect any abnormalities. This procedure can also be used to determine if tumor masses exist. Ultrasound utilizes high-frequency sound waves instead of radiation and is considered to be a safe procedure, especially to evaluate fetal conditions.)

F. Computerized tomography scan (CT or CAT) — Visualizes the transverse planes of tissues

(NOTE: A pinpoint radiographic beam sweeps over tissues and a computerized analysis of the variance in absorption produces a reconstructed image of those tissues. This procedure provides more of the relationships of structures than conventional radiographs.)

INFORMATION SHEET

G. Myelogram — Visualizes the spinal column

H. Angiogram — Visualizes a blood vessel

(NOTE: Dye is injected directly into the vessel, usually the aorta or cerebral artery, while radiographs are taken.)

XIV. Measures used to prepare patients for common x-ray procedures

(NOTE: Appropriate cards, signs, requests, and forms should be filled out to alert the health care team of the type of preparation and examination that will take place. Many facilities have standardized procedure books at each nurses' station that contain preparation orders for each x-ray examination performed.)

Procedure	Measures
Gastrointestinal series (GI or upper GI)	Give nothing by mouth after midnight Hold breakfast
Colon series (lower GI)	Give nothing by mouth after midnight Hold breakfast Give prescribed laxatives and enemas
Cholecystogram (GB series)	Give fat-free supper Give nothing by mouth after midnight Hold breakfast Administer medication with systemic dye
Intravenous pyelogram (IVP)	Give prescribed laxative day before x ray Give nothing by mouth after supper Hold breakfast
Ultrasonogram	(NOTE: These are common preparations for ultrasonogram on different systems. There usually is no preparation for an ultrasonogram of the thorax or thyroid.)
Obstetrical	Give three 8-ounce glasses of liquid one to one-half hour before the procedure to ensure a full bladder (NOTE: Patient will need to be reminded not to void before the test.)
Gynecological	Give four 8-ounce glasses of liquid one to one-half hour before the procedure (NOTE: Patient will need to be reminded not to void before the test.)

INFORMATION SHEET

Procedure	Measures
Abdominal	Hold all solid foods twelve hours before examination; may have water
Computerized tomography scan (CT or CAT)	
Brain scan without contrast	No preparation needed
Brain scan with contrast (NOTE: Contrast agents will be given by injection prior to the procedure.)	Give liquid diet four to six hours prior to procedure Give nothing by mouth for one hour prior to procedure
Body scans (NOTE: A special oral agent or one of two IV contrast agents will be given prior to abdominal scans.)	Give liquid diet four to six hours prior to procedure Give nothing by mouth for one hour prior to procedure Make sure that patient is free of barium if prior radiographs were completed using that agent Make sure that patient is present in radiology department at least thirty minutes prior to procedure
Myelogram	Give sedation as ordered Hold breakfast
Angiogram	Give sedation as ordered Give **no** fluids or food several hours before x-ray

XV. Guidelines for transcribing x-ray orders

A. Write order in Kardex, noting any special preparation or procedures

EXAMPLES: Give ʒi MOM and ʒi cascara this P.M.

B. Write procedure on x-ray request form, noting any special orders

C. Make sure that request form is clearly stamped with correct patient's name and room number

D. Notify x-ray department and/or operating room of procedure to be done

(NOTE: In some of the procedures, the operating room staff will be asked to assist. If the procedure is to be done STAT or in the patient's room, then you should notify the x-ray department.)

INFORMATION SHEET

E. Post signs in patient's unit, and explain what is needed to person who is assigned to care for patient

F. Ask person who will be caring for patient to explain procedure to patient

G. Compare request form with results; notify the supervisor or physician if abnormalities are noted; record in appropriate place in chart

XVI. Guidelines for transcribing dietary orders

A. Write all fluid and diet orders on Kardex

B. Send information to dietary department; keep dietary department updated on any changes in diet

(NOTE: It may be necessary to call the diet kitchen if a new diet has been ordered or changed and it is almost time for that particular meal.)

C. Note intake and output orders on Kardex; post signs and I & O sheets at station and in unit

(NOTE: The nurse giving care to that patient should be informed of changes as soon as possible, especially if there are any immediate orders to be carried out.)

D. Write in red ink on Kardex patient's allergies to food, and post sign at bedside

E. Note on Kardex, chart, and diet form diet orders that change gradually according to patient's progress

XVII. Guidelines for transcribing pre- and postoperative orders

(NOTE: Some physicians use standardized orders that need to be individualized. Some hospitals use specific forms for these orders to be noted on. Make sure you become familiar with the routine where you work.)

A. Preoperative orders

1. Note dietary information on Kardex, chart, and diet form; post at patient's bedside

   (NOTE: Some surgery will require special diets to be taken the evening prior to surgery.)

2. Note laboratory and x-ray orders (routine and specific) on Kardex, chart, and request forms; make sure that departments know that patient will be going to surgery and that tests must be completed prior to surgery

INFORMATION SHEET

3. Note on Kardex preparation of patient, including surgical site; complete requisitions for equipment and appropriate cards

   EXAMPLES: Abdominal prep, enemas, douches, sterile scrub prep

4. Note sedative and preoperative medications on Kardex, medication sheet, medication cards or profile

   (NOTE: The sedation and preoperative order may be written by the anesthesiologist the evening before surgery.)

B. Postoperative orders

(NOTE: All preoperative orders are cancelled unless the physician reorders them in the postoperative orders. Many facilities fill out a new Kardex card for postoperative notes and slip the preoperative card behind the new one.)

1. Note time intervals for vital signs to be taken; record on Kardex and chart

2. Note wound and dressing orders on Kardex, chart, and possibly treatment cards

3. Note drug orders for pain, nausea, and for sedation on Kardex, medication sheet, medication cards, or patient profile

4. Record intake and output orders on Kardex, chart, I & O sheet, and IV fluid sheet

   (CAUTION: If patient does not have an indwelling catheter, patient should be observed for bladder distention.)

5. Note amount of activity on Kardex, chart, and treatment cards if used

   (NOTE: Usually patients are ambulated as soon as possible. The orders may begin with standing the patient at bedside and move to getting the patient up in chair and ambulating as tolerated.)

6. Note on Kardex, chart, treatment cards if used, or flow sheet special equipment needed for the particular type of surgery and instructions for use

   EXAMPLES: NG tube to low suction, traction equipment

INFORMATION SHEET

XVIII. Guidelines to use in patient and family teaching and discharge planning (Assignment Sheet #3)

(NOTE: Throughout the patient's hospitalization, patients and their families need to be instructed in skills and knowledge related to the patient's condition. As the patient is prepared to leave the hospital, a discharge plan needs to be developed and implemented so that continuing care and recuperation can take place.)

A. Patient and family teaching

1. Assess patient's readiness and ability to learn

   EXAMPLES: Comprehension level, memory, coordination, senses, age and its relevance to teaching methods, emotional acceptance of condition, motivation, educational background, acceptance of help

2. Assess family's readiness and ability to learn

   EXAMPLES: Motivation, timing, educational background, previous knowledge of condition, acceptance of condition

3. Involve patient and family in planning and implementation of instruction

4. Establish specific, measurable, realistic objectives; adjust as teaching progresses

5. Keep a written record of information and skills that have been learned

6. Provide a quiet, well-ventilated, distraction-free environment for the teaching program

7. Assign only one person to teach patient and family to avoid confusion and inconsistency

8. Provide the most current literature and equipment

9. Encourage and compliment patient and family as learning takes place

B. Discharge planning

(NOTE: Some facilities have a standard format that can be adapted and individualized for each patient. Become familiar with the type of form used in your facility.)

1. Identify the care that will need to take place following discharge

INFORMATION SHEET

2. Provide any equipment, medications, dressings, or other items needed to continue care, and instruct patient and family in their use

   (NOTE: Many physicians will leave orders for the patient to be discharged with medication to be continued at home.)

3. Make arrangements for continued care, if needed, with pertinent home health care agencies, or provide patient and family with agency or person to contact

4. Arrange any follow-up appointments needed by patient as recuperation takes place

   EXAMPLES: Appointments with physician, physical therapy, dietary, radiology, out-patient clinics

5. Make arrangements for transportation if needed

6. Make sure that patient understands all instructions and has asked questions about anything that is unclear

   (NOTE: One of the best ways to make sure that the patient understands instructions is to have the patient repeat the instructions to you. Make sure that the patient knows that you are only a call away if anything is unclear or if problems are encountered at home.)

7. Document that discharge planning has been completed and that patient did in fact understand instructions

ORGANIZATIONAL AND MANAGEMENT SKILLS
FOR PRACTICAL NURSES
UNIT III

ASSIGNMENT SHEET #1 — COORDINATE PATIENT CARE AS A TEAM LEADER

NAME ______________________ SCORE ____________

As an LPN you may be asked to assume the role of team leader in the facility in which you are employed. As a team leader you will be asked to coordinate your staff, assist in patient care, develop care plans, give patient reports, give medications, perform treatments, and maintain IVs. As you can see, being a team leader is a very responsible and comprehensive job. The team leader must be very efficient in planning for the patient's care and must utilize his or her staff effectively. In planning patient care you must consider the patient census, patient's condition, the number of staff assigned, and the staff's level of knowledge and skills.

This assignment sheet will help you learn to coordinate patient care by asking you to make assignments for the nursing staff. As team leader on 3 West, you have been assigned two nursing assistants and have ten patients to care for. Megan Morris has just completed the nursing assistant program and Jon Rodgers has worked in the hospital for three years and has a great deal of experience with medical-surgical patients.

Using the care plans provided by your instructor and the assignment sheets on the following pages, plan care for the ten patients in your charge. As a team leader, you will be responsible for medications, performing treatments, and maintaining IVs. You arrive at the hospital at 6:45 A.M. to make the assignments for your 7-3 shift.

Hand in completed information to instructor for evaluation.

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ASSIGNMENT SHEET #1

Assignment Sheet

Jon Rodgers

Rm	Pt	Activities	Special Instructions
Bath	T P R B/P		
Rm	Pt		
Bath	T P R B/P		
Rm	Pt		
Bath	T P R B/P		
Rm	Pt		
Bath	T P R B/P		
Rm	Pt		
Bath	T P R B/P		

(cut here)

Assignment Sheet

Rm	Pt	Activities	Special Instructions
Bath	T P R B/P		
Rm	Pt		
Bath	T P R B/P		
Rm	Pt		
Bath	T P R B/P		
Rm	Pt		
Bath	T P R B/P		
Rm	Pt		
Bath	T P R B/P		

ASSIGNMENT SHEET #1

Assignment Sheet

Megan Morris

Rm	Pt	Activities	Special Instructions
Bath	T P R B/P		
Rm	Pt		
Bath	T P R B/P		
Rm	Pt		
Bath	T P R B/P		
Rm	Pt		
Bath	T P R B/P		
Rm	Pt		
Bath	T P R B/P		

(cut here)

Assignment Sheet

Rm	Pt	Activities	Special Instructions
Bath	T P R B/P		
Rm	Pt		
Bath	T P R B/P		
Rm	Pt		
Bath	T P R B/P		
Rm	Pt		
Bath	T P R B/P		
Rm	Pt		
Bath	T P R B/P		

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ASSIGNMENT SHEET #1

Assignment Sheet

Jon Rodgers

Rm	Pt	Activities	Special Instructions
Bath	T P R B/P		
Rm	Pt		
Bath	T P R B/P		
Rm	Pt		
Bath	T P R B/P		
Rm	Pt		
Bath	T P R B/P		
Rm	Pt		
Bath	T P R B/P		

(cut here)

Assignment Sheet

Rm	Pt	Activities	Special Instructions
Bath	T P R B/P		
Rm	Pt		
Bath	T P R B/P		
Rm	Pt		
Bath	T P R B/P		
Rm	Pt		
Bath	T P R B/P		
Rm	Pt		
Bath	T P R B/P		

ASSIGNMENT SHEET #1

Megan Morris

Assignment Sheet

Rm	Pt	Activities	Special Instructions
Bath	T P R B/P		
Rm	Pt		
Bath	T P R B/P		
Rm	Pt		
Bath	T P R B/P		
Rm	Pt		
Bath	T P R B/P		
Rm	Pt		
Bath	T P R B/P		

(cut here)

Assignment Sheet

Rm	Pt	Activities	Special Instructions
Bath	T P R B/P		
Rm	Pt		
Bath	T P R B/P		
Rm	Pt		
Bath	T P R B/P		
Rm	Pt		
Bath	T P R B/P		
Rm	Pt		
Bath	T P R B/P		

ORGANIZATIONAL AND MANAGEMENT SKILLS
FOR PRACTICAL NURSES
UNIT III

ASSIGNMENT SHEET #2 — TRANSCRIBE DRUG, LABORATORY, X-RAY, DIETARY, AND PRE- AND POSTOPERATIVE ORDERS

NAME ____ SCORE ________________

In some facilities, a designated person is responsible for transcribing orders. Even though a unit clerk or ward secretary might be that person, it is the nurse's responsibility to check these orders carefully before they are carried out. It is necessary then that the nurse be able to transcribe orders.

In this assignment sheet you are given all of the forms necessary to transcribe physicians' orders. Notice that the Nursing Care Plan form must be cut and folded. Use these forms to transcribe the physicians' orders given in Part I and Part II. If other forms are used in your facility, your instructor will provide these for you. Remember, accuracy means everything in the transfer of information to all of the communication forms.

Hand in the completed assignment to the instructor for evaluation.

ASSIGNMENT SHEET #2

PART I

MUNICIPAL HOSPITAL
OUR TOWN, OKLAHOMA
PHYSICIAN'S ORDERS

DATE ORDERED	R x	NO	PHYSICIAN'S ORDERS
			#1
2/14/84		①	Soft bland diet
		②	CBC; UA; SMA-18 - all now.
		③	serum [illegible] in AM
		④	IV fluids: A) 1000 cc's D/W 5 c̄ 20 meq. KCl B) 500 cc's NS C) 1000 cc's D/W 5 c̄ 20 meq KCl } 24 hrs.
		⑤	Tagamet 300 mg P.O. q.i.d. 30 minutes AC & HS.
		⑥	Maalox chewables #2 prn indigestion
		⑦	BRP's
			Frank [illegible]
2/15/84		①	amb. ulcer diet
		②	Stool for Hemoccult
		③	1000 cc's D/W 5% c̄ 20 mg KCl over next 8 hrs; then DC.
		④	60 cc's milk midmorning, midafternoon, & HS
			Frank [illegible]

CHART COPY *Authorization is given for the dispensing and administering of the same medication or of one identical in strength, dosage form and content of active therapeutic ingredients unless column is checked opposite the drug name in the RX column

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ASSIGNMENT SHEET #2

(Cut here)

DIET:

NOURISHMENT OR SPECIAL FEEDING

INTAKE

OUTPUT

ACTIVITIES:
____ Complete bed rest
____ Bed rest
____ Bathroom privileges
____ Up ad lib

BATH:
____ Bathe patient
____ Partial
____ Bathe self
____ Tub
____ Shower

TRAVEL:
____ Wheelchair
____ Stretcher
____ Ambulatory

POSITION:

SIDERAILS:
____ Constantly
____ Nights only
____ Siderail Release

OXYGEN:
____ Liters per minute
____ PRN
____ Tent
____ Mask
____ Constantly
____ Catheter
____ Cannula

SPECIAL EQUIPMENT:

PROSTHESIS:
____ Dentures
____ Eye
____ Contact Lens
____ Limb

ALLERGIES:

SPECIAL PRIVILEGES:

WEIGHT ________

TEMP ____

TIMES ____

____ ORAL
____ RECTAL
____ AUX.

(Fold here)

DATE	TREATMENTS
PRN	

ROOM NAME DIAGNOSIS DOCTOR

ASSIGNMENT SHEET #2

(Fold here)

NURSING CARE PLAN

GOAL: ____________________

DATE	PROBLEMS and NEEDS	APPROACH
	DISCHARGE GOALS	

Age　Birth Date　S M D W　Religion　Profession　Adm. Date

(Cut here)

ASSIGNMENT SHEET #2

ALLERGIES ____ ADDRESSOGRAPH

____

ROUTINE MEDICATIONS

DATE ORDERED	MEDICATION & ROUTE	DOSE FREQUENCY	TIMES TO GIVE	DATE						
			7-3							
RENEW			3-11							
			11-7							
			7-3							
			3-11							
			11-7							
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			7-3							
			3-11							
			11-7							

ROOM	NAME	DOCTOR

ASSIGNMENT SHEET #2

SINGLE-ORDER MEDICINES				PRN MEDICATIONS RECORD ON NURSES NOTES IMMEDIATELY AFTER GIVING		
DATE ORDERED	MEDICATION-INSTRUCTIONS	WHEN TO GIVE	NURSE GIVING	DATE ORDERED	MEDICATION-HOW OFTEN-PURPOSE	RENEWAL DATE

ROOM

NAME

DOCTOR

PN III - 189-A

PN III - 191-A

ASSIGNMENT SHEET #2

NAME
ROOM START STOP
DRUG
DOSE
TIME

NAME
ROOM START STOP
DRUG
DOSE
TIME

NAME
ROOM START STOP
DRUG
DOSE
TIME

NAME
ROOM START STOP
DRUG
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TIME

NAME
ROOM START STOP
DRUG
DOSE
TIME

NAME
ROOM START STOP
DRUG
DOSE
TIME

ASSIGNMENT SHEET #2

MUNICIPAL HOSPITAL

GRAPHIC CHART

Date																
Hour	A M	P M	A M	P M	A M	P M	A M	P M	A M	P M	A M	P M	A M	P M	A M	P M
	4 8 12	4 8 12	4 8 12	4 8 12	4 8 12	4 8 12	4 8 12	4 8 12	4 8 12	4 8 12	4 8 12	4 8 12	4 8 12	4 8 12	4 8 12	4 8 12

Temperature
106°
105°
104°
103°
102°
101°
100°
99°
Normal
98°
97°
96°

Pulse
150
140
130
120
110
100
90
80
70
60

Respiration
50
40
30
20
10

B.P.

PN III - 195-A

ASSIGNMENT SHEET #2

DATE ____________

TIME ____________

MUNICIPAL HOSPITAL DIET REQUISITION

- ☐ Regular
- ☐ Soft
- ☐ Mech. soft
- ☐ Puree
- ☐ Full liquid
- ☐ Clear liquid
- ☐ 1 gm sodium (low)
- ☐ 2 gm sodium
- ☐ 3 gm sodium
- ☐ 4 gm sodium
- ☐ Post gastrectomy
- ☐ Hypoglycemia
- ☐ Progressive diet
- ☐ Acid-ash
- ☐ T & A
- ☐ Lactose free
- ☐ Wired jaw
- ☐ Low protein _____ grams

- ☐ Bland 1
- ☐ Bland 2
- ☐ Bland 3
- ☐ Low fat
- ☐ Low residue
- ☐ High residue
- ☐ Low cholesterol
- ☐ MI orders
  - Stage 1
  - Stage 2
- ☐ Hyperlipidemia
  Type____________
- ☐ Low potassium
- ☐ High potassium
- ☐ Tube feeding:________
  ____
- ☐ Fluid restriction
  Dietary cc________

- ☐ Diabetic
  or
- ☐ Calorie
  - ☐ 1000
  - ☐ 1200
  - ☐ 1500
  - ☐ 1800
  - ☐ 2000
  - ☐ 2200
  - ☐ 2400
- ☐ Other____________
  ____
- ☐ Food allergies
  ____
  ____
  ____
  ____
  ____

- ☐ New admission
- ☐ Change diet order
- ☐ No tray
- ☐ Isolation
- ☐ Cancel isolation
- ☐ Six small feedings
- ☐ Diet instruction
- ☐ Dietary consult
- ☐ Discharge
- ☐ Expired
- ☐ Transfer
- ☐ Guest tray
- ☐ On pass
- ☐ Birth congratulation
- ☐

NAME: AGE: DIET ORDER: COMMENTS:

(cut here)

DATE ____________

TIME ____________

MUNICIPAL HOSPITAL DIET REQUISITION

- ☐ Regular
- ☐ Soft
- ☐ Mech. soft
- ☐ Puree
- ☐ Full liquid
- ☐ Clear liquid
- ☐ 1 gm sodium (low)
- ☐ 2 gm sodium
- ☐ 3 gm sodium
- ☐ 4 gm sodium
- ☐ Post gastrectomy
- ☐ Hypoglycemia
- ☐ Progressive diet
- ☐ Acid-ash
- ☐ T & A
- ☐ Lactose free
- ☐ Wired jaw
- ☐ Low protein _____ grams

- ☐ Bland 1
- ☐ Bland 2
- ☐ Bland 3
- ☐ Low fat
- ☐ Low residue
- ☐ High residue
- ☐ Low cholesterol
- ☐ MI orders
  - Stage 1
  - Stage 2
- ☐ Hyperlipidemia
  Type____________
- ☐ Low potassium
- ☐ High potassium
- ☐ Tube feeding:________
  ____
- ☐ Fluid restriction
  Dietary cc________

- ☐ Diabetic
  or
- ☐ Calorie
  - ☐ 1000
  - ☐ 1200
  - ☐ 1500
  - ☐ 1800
  - ☐ 2000
  - ☐ 2200
  - ☐ 2400
- ☐ Other____________
  ____
- ☐ Food allergies
  ____
  ____
  ____
  ____
  ____

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- ☐ Diet instruction
- ☐ Dietary consult
- ☐ Discharge
- ☐ Expired
- ☐ Transfer
- ☐ Guest tray
- ☐ On pass
- ☐ Birth congratulation
- ☐

NAME: AGE: DIET ORDER: COMMENTS:

ASSIGNMENT SHEET #2

NURSES NOTES
MUNICIPAL HOSPITAL

Hospital day Post op. day Post part. day Date
Lab work ordered:
X-ray work ordered:
P.T. ordered Weight

		M.						A.M.						N.						P.M.						M.
Medications: amount and treatments	Method	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12
Medical surgical supplies sundries and amount																										

TIME	T	P	R	B/P

INTAKE	11-7	7-3	3-11
Oral			
IV			
TOTALS			
OUTPUT			
Urine			
Drainage			
TOTALS			
7 A.M. 24° TOTAL	IN-	OUT-	
Dr. visited			
Diet			

TIME	NURSES NOTES	✓ X	vd BM	TIME	NURSES NOTES	✓ X	vd BM

ASSIGNMENT SHEET #2

MUNICIPAL HOSPITAL

DATE ______________

VITAL SIGNS AND ACTIVITIES

Temp	Pulse	Resp	B/P	Bath
				Chair
				Ambulate
				Cath care
				Activities
				Diet

Comments:

INTAKE AND OUTPUT

	6 A.M. - 2 P.M.		2 P.M. - 10 P.M.		10 P.M. - 6 A.M.	
	ORAL	URINE	ORAL	URINE	ORAL	URINE
Emesis						
BM's						
Drainage						
Total						

24-hr. total: in

out

STANDARD MEASUREMENTS

Plastic coffeepot	300 cc	Iced tea glass	300 cc
Metal coffeepot	240 cc	Soup bowl	200 cc
Coffee cup	150 cc	Gelatin serving	120 cc
Milk carton	240 cc	Plastic water glass	175 cc
Juice glass	120 cc	Ice cream cup	90 cc

SEROLOGY

MUNICIPAL HOSPITAL

TO BE FILLED IN BY LAB ONLY →	DATE	PATIENT'S NAME	TICKET #	ROOM #	in pat.	out pat.	CHARGES

☐ Today ☐ STAT ☐ Pre-Op Notes
☐ Routine ☐ Out Pat.
☐ In A.M. Filled In By

← TO BE FILLED IN BY UNIT SECRETARY →

TIME IN LAB
TIME OUT LAB

☐ RUBELLA TITER
☐ MONO TEST
☐ ASO ☐ HAA
☐ RA
☐ Cold Agglutinations
☐ RPR
☐ ANA
☐ FRANCISELLA (PASTEURELLA) TULARENSIS
☐ CRP

☐ Febrile Agglutinations
☐ Brucella Abortus
☐ Paratyphoid A
☐ Paratyphoid B
☐ Typhoid "O"
☐ OX-K
☐ OX-19
☐ OX-2
☐ Typhoid "H"

MUNICIPAL HOSPITAL

Tech ________ Dr. ________ **CHART COPY** SERIOLOGY

(cut here)

MISCELLANEOUS

☐ ROUTINE ☐ STAT ☐ TODAY TIME A.M. P.M.	☐ FASTING ☐ RANDOM	RN	DATE DRAWN	TECHNOLOGIST	LAB. NO. CODE	CHARGES
		DATE	TIME DRAWN	TIME COMPLETED		
	DATE TO BE DONE	DIAGNOSIS	DRAWN BY	DATE COMPLETED		

TIME IN LAB
TIME OUT LAB

TEST REQUESTED

MUNICIPAL HOSPITAL

RONALD DALY, M.D. Pathologist CHART COPY MISCELLANEOUS

ASSIGNMENT SHEET #2

ASSIGNMENT SHEET #2

PROFILE TEST
MUNICIPAL HOSPITAL

☐ ROUTINE ☐ STAT ☐ TODAY TIME A M P M	☐ FASTING ☐ RANDOM	RN:	DATE DRAWN	TECHNOLOGIST			
					LAB NO	CODE	CHARGES
		DATE	TIME DRAWN	TIME COMPLETED			
	DATE TO BE DONE	DIAGNOSIS	DRAWN BY	DATE COMPLETED			
TIME IN LAB			TIME OUT LAB				

	TEST	
	Anemia Profile	Additional Report
	Lipid Profile	Additional Report
	Liver Profile	Additional Report
	SMA-6	Additional Report
	SMA-12	Additional Report
	SMA-18	Additional Report

	TEST	NORMAL	RESULTS
	Electrolytes		
	Sodium	138-146 Meq/L	
	Potassium	3.8-5.1 Meq/L	
	Chloride	99-108 Meq/L	
	Carbon Dioxide(CO)	24-32 Meq/L	
	Anion Gap		

	TEST	SERUM	URINE
	Glucose Tolerance		
	Fasting	mg/dl	
	30 min	µg/dl	
	1 Hour	µg/dl	
	2 Hour	µg/dl	
	3 Hour	µg/dl	
	4 Hour	µg/dl	
	5 Hour	µg/dl	
	6 Hour	µg/dl	

MUNICIPAL HOSPITAL

RONALD DALY, M.D. Pathologist CHART COPY PROFILE TEST

(cut here)

COAGULATION
MUNICIPAL HOSPITAL

☐ ROUTINE ☐ STAT ☐ TODAY TIME A M P M	☐ FASTING ☐ RANDOM	RN:	DATE DRAWN	TECHNOLOGIST			
					LAB NO	CODE	CHARGES
		DATE	TIME DRAWN	TIME COMPLETED			
	DATE TO BE DONE	DIAGNOSIS	DRAWN BY	DATE COMPLETED			
TIME IN LAB			TIME OUT LAB				

☐ Coagulation Profile- Pro Time, PTT Clotting Time, Platelet Count, Fibrinogen

OTHER TEST:

Remarks:

	RESULTS	NORMAL
☐ Prothrombin Time	sec.	
Control	sec	
☐ Activated PTT	sec.	
Control	sec.	
☐ Lee White (coagulation time)	min.	4-12 min.
☐ Bleeding Time		2.3-9.5 min.
☐ Platelet Count		150.000-350.000
☐ Fibrinogen		200-400mg/dl
Control		
☐ Clot Retraction		

MUNICIPAL HOSPITAL

RONALD DALY, M.D. Pathologist CHART COPY COAGULATION

ASSIGNMENT SHEET #2

PN III - 205A

URINALYSIS

MUNICIPAL HOSPITAL

☐ Routine
☐ Stat
☐ Today
Time A.M. PM

☐ Void
☐ Cath
☐ Clean Catch

Date to be done

RN	Date Collected	Technologist	Lab No	Code	Charges
Date	Time Collected	Time Completed			
Diagnosis	Collected By	Date Completed			

TIME IN LAB

TIME OUT LAB

☐ Urinalysis ☐ Color ☐ Character

Specific Gravity		WBC		Pregnancy Test (Slide)
pH		RBC		Pregnancy Test (UCG)
Protein		Epith. Cells		Remarks
Glucose		Bacteria		
Acetone		Casts /LPF		
Bile		Crystals		
Occult Blood		Hemoglobin		
Urobilinogen				

RONALD DALY, M.D. Pathologist CHART COPY URINALYSIS

(cut here)

MUNICIPAL HOSPITAL
OUR TOWN, OKLAHOMA
RONALD DALY, M.D., Pathologist

LAB NO.

TIME CLOCK

TEST NO

SA

OP CODES

			NORMAL VALUES
WBC	x 10^3	.	M F 7.6 ± 3
RBC	x 10^6	.	M 5.4 ± 0.7 F 4.8 ± 0.6
Hgb	g/dl	.	M 16.0 ± 2 F 14.0 ± 2
Hct	%	.	M 47 ± 5 F 42 ± 5
MCV	μm^3	.	M 87 ± 7 F 90 ± 9
MCH	pg	.	M F 29 ± 2
MCHC	g/dl	.	M F 35 ± 2
RDW	*	.	M F 10 ± 1.5
PLT	x 10^3	.	M F 130 – 400
MPV	μm^3	.	M F 8.9 ± 1.5

DRAWN BY
TIME
DATE DRAWN
DATE
RN
DATE TO BE DONE

☐ ER
☐ Routine
☐ Pre-op
☐ Stat
☐ Today
Time:

☐ PLATELET
☐ SED RATE
☐ RETIC
☐ Hgb & Hct
☐ WBC & Diff.

☐ CBC
☐ WBC
☐ Diff
☐ Hgb
☐ Hct
☐ Spun Hct

☐ DIFFERENTIAL

SEG	BAND	LYMPH	MONO	EOSIN	BASO	ATYP LYMPH	META	MYELO	PRO MYELO	BLAST

MORPH	1	2	3	4
POLYCHROM				
HYPOCHROM				
POIK				
TARGET				
SPHERO				
ANISO				
MICRO				
MACRO				
DOHLE BODIES				
BASO STIP				

Platelet Estimate

MORPHOLOGY SYMBOLS
1 SLIGHT 2 MODERATE 3 MOD TO MARKED 4 MARKED

NRBC/100 WBC

Retic
0.5-1.5%

CORRECTED
SED RATE

TECH

DATE

TIME

REMARKS

PN III - 207-A

ASSIGNMENT SHEET #2

PART II

MUNICIPAL HOSPITAL
OUR TOWN, OKLAHOMA
PHYSICIAN'S ORDERS

DATE ORDERED	Rx X	NO.	#2 PHYSICIAN'S ORDERS
2/16/84		①	Clear liquids this PM.
		②	NPO after midnight
		③	Prep for D&C
		④	CBC and UA stat.
		⑤	Type and + match X 3 units packed cells
			— give II units when ready.
			Frank [illegible]
2/17/84		①	ice chips and clear liquids as tolerated
		②	50mg Demerol IM q 4hrs prn pain.
		③	Vistaril 50-75 mg q 3-4hrs prn nausea.
		④	Keep vein open c̄ Ringer's lactate.
		⑤	diet as tolerated in AM.
		⑥	watch for excessive vaginal bleeding.
		⑦	routine perineal care.
			Frank [illegible]

CHART COPY *Authorization is given for the dispensing and administering of the same medication or of one identical in strength, dosage form and content of active therapeutic ingredients unless column is checked opposite the drug name in the RX column.

BEST COPY AVAILABLE

PN III - 209-A

ASSIGNMENT SHEET #2

(Cut here)

DIET:

NOURISHMENT OR SPECIAL FEEDING

INTAKE

OUTPUT

ACTIVITIES:
- ____ Complete bed rest
- ____ Bed rest
- ____ Bathroom privileges
- ____ Up ad lib

BATH:
- ____ Bathe patient
- ____ Partial
- ____ Bathe self
- ____ Tub
- ____ Shower

TRAVEL:
- ____ Wheelchair
- ____ Stretcher
- ____ Ambulatory

POSITION:

SIDERAILS:
- ____ Constantly
- ____ Nights only
- ____ Siderail Release

OXYGEN:
- ____ Liters per minute
- ____ PRN
- ____ Tent
- ____ Mask
- ____ Constantly
- ____ Catheter
- ____ Cannula

SPECIAL EQUIPMENT:

PROSTHESIS:
- ____ Dentures
- ____ Eye
- ____ Contact Lens
- ____ Limb

ALLERGIES:

SPECIAL PRIVILEGES:

WEIGHT ____

TEMP. ____ TIMES ____
- ____ ORAL
- ____ RECTAL
- ____ AUX.

(Fold here)

DATE	TREATMENTS
PRN	

ROOM NAME DIAGNOSIS DOCTOR

ASSIGNMENT SHEET #2

(Fold here)

NURSING CARE PLAN

GOAL: ____________________

DATE	PROBLEMS and NEEDS	APPROACH
	DISCHARGE GOALS:	

Age Birth Date S M D W Religion Profession Adm. Date

(Cut here)

ASSIGNMENT SHEET #2

ALLERGIES ______________________________

____

ADDRESSOGRAPH

ROUTINE MEDICATIONS

DATE ORDERED	MEDICATION & ROUTE	DOSE FREQUENCY	TIMES TO GIVE	DATE						
			7-3							
RENEW			3-11							
			11-7							
			7-3							
			3-11							
			11-7							
			7-3							
			3-11							
			11-7							
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			11-7							
			7-3							
			3-11							
			11-7							

ROOM	NAME	DOCTOR

SINGLE-ORDER MEDICINES				PRN MEDICATIONS RECORD ON NURSES NOTES IMMEDIATELY AFTER GIVING		
DATE ORDERED	MEDICATION-INSTRUCTIONS	WHEN TO GIVE	NURSE GIVING	DATE ORDERED	MEDICATION-HOW OFTEN-PURPOSE	RENEWAL DATE

ROOM

NAME

DOCTOR

ASSIGNMENT SHEET #2

PN III - 213-A

PN III - 215-A

ASSIGNMENT SHEET #2

NAME
ROOM START STOP
DRUG
DOSE
TIME

NAME
ROOM START STOP
DRUG
DOSE
TIME

NAME
ROOM START STOP
DRUG
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TIME

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TIME

NAME
ROOM START STOP
DRUG
DOSE
TIME

NAME
ROOM START STOP
DRUG
DOSE
TIME

PN III - 217-A

ASSIGNMENT SHEET #2

MUNICIPAL HOSPITAL

GRAPHIC CHART

Date																																																	
Hour		A.M			P.M			A.M			P.M			A.M			P.M			A.M			P.M			A.M			P.M			A.M			P.M			A.M			P.M			A.M			P.M		
		4	8	12	4	8	12	4	8	12	4	8	12	4	8	12	4	8	12	4	8	12	4	8	12	4	8	12	4	8	12	4	8	12	4	8	12	4	8	12	4	8	12	4	8	12	4	8	12
Temperature	106°																																																
	105°																																																
	104°																																																
	103°																																																
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Pulse	150																																																
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Respiration	50																																																
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	10																																																
B.P.																																																	

ASSIGNMENT SHEET #2

DATE ______________

TIME ______________

MUNICIPAL HOSPITAL DIET REQUISITION

- ☐ Regular
- ☐ Soft
- ☐ Mech. soft
- ☐ Puree
- ☐ Full liquid
- ☐ Clear liquid
- ☐ 1 gm sodium (low)
- ☐ 2 gm sodium
- ☐ 3 gm sodium
- ☐ 4 gm sodium
- ☐ Post gastrectomy
- ☐ Hypoglycemia
- ☐ Progressive diet
- ☐ Acid-ash
- ☐ T & A
- ☐ Lactose free
- ☐ Wired jaw
- ☐ Low protein ____ grams

- ☐ Bland 1
- ☐ Bland 2
- ☐ Bland 3
- ☐ Low fat
- ☐ Low residue
- ☐ High residue
- ☐ Low cholesterol
- ☐ MI orders
  - Stage 1
  - Stage 2
- ☐ Hyperlipidemia
  Type__________
- ☐ Low potassium
- ☐ High potassium
- ☐ Tube feeding:______
  ____
- ☐ Fluid restriction
  Dietary cc________

- ☐ Diabetic
  or
- ☐ Calorie
  - ☐ 1000
  - ☐ 1200
  - ☐ 1500
  - ☐ 1800
  - ☐ 2000
  - ☐ 2200
  - ☐ 2400
- ☐ Other__________
  ____
- ☐ Food allergies
  ____
  ____
  ____
  ____
  ____

- ☐ New admission
- ☐ Change diet order
- ☐ No tray
- ☐ Isolation
- ☐ Cancel isolation
- ☐ Six small feedings
- ☐ Diet instruction
- ☐ Dietary consult
- ☐ Discharge
- ☐ Expired
- ☐ Transfer
- ☐ Guest tray
- ☐ On pass
- ☐ Birth congratulation
- ☐

NAME:

AGE:

DIET ORDER:

COMMENTS:

———————————————(cut here)———————————————

DATE ______________

TIME ______________

MUNICIPAL HOSPITAL DIET REQUISITION

- ☐ Regular
- ☐ Soft
- ☐ Mech. soft
- ☐ Puree
- ☐ Full liquid
- ☐ Clear liquid
- ☐ 1 gm sodium (low)
- ☐ 2 gm sodium
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- ☐ Hypoglycemia
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- ☐ Low protein ____ grams

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- ☐ Bland 2
- ☐ Bland 3
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  - Stage 1
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  Type__________
- ☐ Low potassium
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  ____
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  or
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  - ☐ 1000
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  - ☐ 1800
  - ☐ 2000
  - ☐ 2200
  - ☐ 2400
- ☐ Other__________
  ____
- ☐ Food allergies
  ____
  ____
  ____
  ____
  ____

- ☐ New admission
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- ☐ Diet instruction
- ☐ Dietary consult
- ☐ Discharge
- ☐ Expired
- ☐ Transfer
- ☐ Guest tray
- ☐ On pass
- ☐ Birth congratulation
- ☐

NAME:

AGE:

DIET ORDER:

COMMENTS:

PN III - 221-A

ASSIGNMENT SHEET #2

NURSES NOTES
MUNICIPAL HOSPITAL

Hospital day Post op. day Post part. day Date

Lab work ordered:

X-ray work ordered:

P.T. ordered Weight

Medications, amount and treatments	Method	M. 12	1	2	3	4	5	6	A.M. 7	8	9	10	11	N. 12	1	2	3	4	5	P.M. 6	7	8	9	10	11	M. 12
Medical surgical supplies/sundries and amount																										

TIME	T	P	R	B/P

INTAKE	11-7	7-3	3-11
Oral			
IV			
TOTALS			
OUTPUT			
Urine			
Drainage			
TOTALS			
7 A.M. 24° TOTAL	IN-	OUT-	
Dr. visited			
Diet			

TIME	NURSES NOTES	✓ X	vd BM	TIME	NURSES NOTES	✓ X	vd BM

ASSIGNMENT SHEET #2

MUNICIPAL HOSPITAL

DATE ____________

VITAL SIGNS AND ACTIVITIES

Temp	Pulse	Resp	B/P	Bath
				Chair
				Ambulate
				Cath care
				Activities
				Diet

Comments:

INTAKE AND OUTPUT

	6 A.M. - 2 P.M.		2 P.M. - 10 P.M.		10 P.M. - 6 A.M.	
	ORAL	URINE	ORAL	URINE	ORAL	URINE
Emesis						
BM's						
Drainage						
Total						

24-hr. total: in

out

STANDARD MEASUREMENTS

Plastic coffeepot	300 cc	Iced tea glass	300 cc
Metal coffeepot	240 cc	Soup bowl	200 cc
Coffee cup	150 cc	Gelatin serving	120 cc
Milk carton	240 cc	Plastic water glass	175 cc
Juice glass	120 cc	Ice cream cup	90 cc

SEROLOGY

MUNICIPAL HOSPITAL

TO BE FILLED IN BY LAB ONLY →	DATE	PATIENT'S NAME	TICKET #	ROOM #	in pat.	out pat.	CHARGES

☐ Today ☐ STAT ☐ Routine ☐ In A.M.

☐ Pre-Op ☐ Out Pat.

Filled In By

Notes

TO BE FILLED IN BY UNIT SECRETARY

TIME IN LAB

TIME OUT LAB

☐ RUBELLA TITER
☐ MONO TEST
☐ ASO ☐ HAA
☐ RA
☐ Cold Agglutinations
☐ RPR
☐ ANA
☐ FRANCISELLA (PASTEURELLA) TULARENSIS
☐ CRP

☐ Febrile Agglutinations
☐ Brucella Abortus
☐ Paratyphoid A
☐ Paratyphoid B
☐ Typhoid "O"
☐ OX-K
☐ OX-19
☐ OX-2
☐ Typhoid "H"

Tech. ______________ Dr. ______________

CHART COPY SEROLOGY

MUNICIPAL HOSPITAL

(cut here)

MISCELLANEOUS

☐ ROUTINE ☐ STAT ☐ TODAY

TIME A.M. P.M.

☐ FASTING ☐ RANDOM

DATE TO BE DONE

RN:	DATE DRAWN	TECHNOLOGIST
DATE	TIME DRAWN	TIME COMPLETED
DIAGNOSIS	DRAWN BY	DATE COMPLETED

LAB. NO.	CODE	CHARGES

TIME IN LAB

TIME OUT LAB

TEST REQUESTED:

RONALD DALY, M.D. Pathologist CHART COPY MISCELLANEOUS

MUNICIPAL HOSPITAL

ASSIGNMENT SHEET #2

PN III - 225-A

PROFILE TEST
MUNICIPAL HOSPITAL

☐ ROUTINE ☐ STAT ☐ TODAY TIME	☐ FASTING ☐ RANDOM	RN:	DATE DRAWN	TECHNOLOGIST	LAB NO.	CODE	CHARGES
A.M.		DATE	TIME DRAWN	TIME COMPLETED			
P.M.	DATE TO BE DONE	DIAGNOSIS	DRAWN BY	DATE COMPLETED			
TIME IN LAB			TIME OUT LAB				

TEST		TEST	NORMAL	RESULTS	TEST	SERUM	URINE
Anemia Profile	Additional Report	Electrolytes			Glucose Tolerance		
		Sodium	138-146 Meq/L		Fasting	mg/dl	
		Potassium	3.8-5.1 Meq/L		30 min	µg/dl	
		Chloride	99-108 Meq/L		1 Hour	µg/dl	
Lipid Profile	Additional Report	Carbon Dioxide (CO_2)	24-32 Meq/L		2 Hour	µg/dl	
Liver Profile	Additional Report	Anion Gap			3 Hour	µg/dl	
SMA-6	Additional Report				4 Hour	µg/dl	
SMA-12	Additional Report				5 Hour	µg/dl	
SMA-18	Additional Report				6 Hour	µg/dl	

MUNICIPAL HOSPITAL

RONALD DALY, M.D. Pathologist CHART COPY PROFILE TEST

(cut here)

COAGULATION
MUNICIPAL HOSPITAL

☐ ROUTINE ☐ STAT ☐ TODAY TIME	☐ FASTING ☐ RANDOM	RN:	DATE DRAWN	TECHNOLOGIST	LAB NO.	CODE	CHARGES
A.M.		DATE	TIME DRAWN	TIME COMPLETED			
P.M.	DATE TO BE DONE	DIAGNOSIS	DRAWN BY	DATE COMPLETED			
TIME IN LAB			TIME OUT LAB				

☐ Coagulation Profile- Pro Time, PTT Clotting Time, Platelet Count, Fibrinogen

OTHER TEST:

Remarks:

	RESULTS	NORMAL
☐ Prothrombin Time	sec.	
Control	sec.	
☐ Activated PTT	sec.	
Control	sec.	
☐ Lee White (coagulation time)	min.	4-12 min.
☐ Bleeding Time		2.3-9.5 min.
☐ Platelet Count		150,000-350,000
☐ Fibrinogen		200-400mg/dl
Control		
☐ Clot Retraction		

MUNICIPAL HOSPITAL

RONALD DALY, M.D. Pathologist CHART COPY COAGULATION

ASSIGNMENT SHEET #2

PN III - 227-A

PN III - 229-A

ASSIGNMENT SHEET #2

MUNICIPAL HOSPITAL

URINALYSIS

☐ Routine ☐ Stat ☐ Today Time ____ A M / P M	☐ Void ☐ Cath ☐ Clean Catch	RN	Date Collected	Technologist
		Date	Time Collected	Time Completed
	Date to be done	Diagnosis	Collected By	Date Completed

Lab No	Code	Charges

TIME IN LAB

TIME OUT LAB

☐ Urinalysis ☐ Color ☐ Character

Specific Gravity			WBC		Pregnancy Test (Slide)
pH			RBC		Pregnancy Test (UCG)
Protein			Epith. Cells		Remarks
Glucose			Bacteria		
Acetone			Casts /LPF		
Bile			Crystals		
Occult Blood			Hemoglobin		
Urobilinogen					

RONALD DALY, M.D. Pathologist

CHART COPY

URINALYSIS

(cut here)

MUNICIPAL HOSPITAL
OUR TOWN, OKLAHOMA
RONALD DALY, M.D., Pathologist

LAB NO

TIME CLOCK

/ / TEST NO

DRAWN BY

TIME

DATE DRAWN

DATE

RN

DATE TO BE DONE

	OP CODES		NORMAL VALUES
SA			
.	x 10^3	WBC	M F 7.8 ± 3
.	x 10^6	RBC	M 5.4 ± 0.7 F 4.8 ± 0.6
.	g/dl	Hgb	M 16.0 ± 2 F 14.0 ± 2
.	%	Hct	M 47 ± 5 F 42 ± 5
.	μm^3	MCV	M 87 ± 7 F 90 ± 9
.	pg	MCH	M F 29 ± 2
.	g/dl	MCHC	M F 35 ± 2
.	%	RDW	M F 10 ± 1.5
	x 10^3	PLT	M F 130 – 400
.	μm^3	MPV	M F 8.9 ± 1.5

☐ ER
☐ Routine
☐ Pre-op
☐ Stat
☐ Today
Time:

☐ PLATELET
☐ SED RATE
☐ RETIC
☐ Hgb & Hct
☐ WBC & Diff.

☐ CBC
☐ WBC
☐ Diff
☐ Hgb
☐ Hct
☐ Spun Hct

☐ DIFFERENTIAL

SEG		MORPH	1	2	3	4
BAND		POLYCHROM				
LYMPH		HYPOCHROM				
MONO		POIK				
EOSIN		TARGET				
BASO		SPHERO				
ATYP LYMPH		ANISO				
META		MICRO				
MYELO		MACRO				
PRO MYELO		DOHLE BODIES				
BLAST		BASO STIP				
		Platelet Estimate				

MORPHOLOGY SYMBOLS
1 SLIGHT 3 MOD TO MARKED
2 MODERATE 4 MARKED

Rectic 0.5-1.5%

NRBC /100 WBC

CORRECTED SED RATE

TECH

DATE

TIME

REMARKS

ORGANIZATIONAL AND MANAGEMENT SKILLS
FOR PRACTICAL NURSES
UNIT III

ASSIGNMENT SHEET #3 — PLAN A PATIENT DISCHARGE

NAME ____________________________________ SCORE ______________

Preparing patients and their families to leave the hospital to continue care and recuperation at home takes planning and time. If a good plan is used, and teaching takes place early before the discharge of the patient, better results may be expected when the patient reaches the home environment. The nurse developing the plan must consider a number of factors and use an organized method of putting the plan together.

In this unit, guidelines were given for patient and family teaching and discharge planning. Using this assignment sheet and a selected patient, develop a discharge plan and include any patient or family teaching that was accomplished. Evaluate your plan. Hand in completed assignment sheet to the instructor for evaluation.

DISCHARGE PLAN

Patient's initials ____________________ Date ________

Diagnosis ______________________________________ Age ________

Type of treatment(s) or diagnostic procedures ____________________________________

EXAMPLES: Surgical procedures, chemotherapy, pharmacotherapy, physical therapy, diagnostic procedures

Family member(s) who will be caring for patient ________________________________

____

Type of transportation needed ____

Date that discharge will take place ____________________

Patient and Family Teaching Programs

Medications to be taken home with patient ____

____

____

____

____

ASSIGNMENT SHEET #3

Instructions to patient and family concerning medications

Diet

Instructions to patient and family concerning diet

Exercises or ambulation to be continued at home

Instructions to patient and family concerning exercises

Dressings, equipment, or other items to be used at home

ASSIGNMENT SHEET #3

Instructions to patient and family about use of dressings or other equipment ____________

____

____

____

Any other special instructions given to patient and family ____________

____

____

____

____

____

____

Overall health status ____________

____

____

Follow-Up Visits

Next physician's office visit ____________

Outpatient clinic ____________

Other departments ____________

DISCHARGE

Check if patient has received

- Medication ____________
- Valuables ____________
- All personal belongings ____________

Check method patient left unit

- Carrier ____________
- Wheelchair ____________
- Ambulated ____________

Patient accompanied by ____________

ASSIGNMENT SHEET #3

EVALUATION

Did patient and family understand all instructions? ____________________

How do you know the instructions were understood? ____________________

____

Did patient sign a discharge check out form or list? ____________________

How did you document the information on the chart concerning the patient's discharge?___

____

ORGANIZATIONAL AND MANAGEMENT SKILLS
FOR PRACTICAL NURSES
UNIT III

ASSIGNMENT SHEET #4 — EVALUATE TEAM-LEADING EXPERIENCE

NAME ____ SCORE ________________

The team leader acquires needed skills through a variety of experiences each day. Your first team-leading experience may cause some anxiety as any new experience may, but as you perfect your skills of leadership, you will become more confident each time you are in charge. If you can evaluate your team-leading experience based on a set of criteria, you can identify some of your weak and strong areas.

This assignment sheet gives you twelve criteria to use in planning and evaluating your team-leading experience. Read the criteria before your experience to make a mental checklist of some of your responsibilities. After your experience, return to the criteria and evaluate your performance. If there are additional responsibilities or tasks that you perform, be sure to add them to the lists.

After completing the evaluation, hand in to the instructor for evaluation.

CRITERIA

A. **Plans, Organizes, and Adapts Nursing Care**

1. Researches information on all patients that you are responsible for

   EXAMPLES: Knows the diagnosis of all patients, medications prescribed for each, treatment for symptoms, diagnostic tests and results

2. Develops current care plans or revises care plans to meet patient needs

3. Communicates with other team members pertinent information used in giving care

4. Relates to patients and families and involves them in planning care

B. **Checks on Medications, Treatments, or Procedures**

1. Compares Medex or drug sheet to Kardex first thing on shift

2. Checks any discrepancies in patient's chart related to medications, treatment, or procedures

3. Checks chart before administration of any PRN medication

4. After administration of medication, follows through and checks on patients for reaction or response to medication

ASSIGNMENT SHEET #4

5. Completes narcotic count with medication nurse at beginning and end of shift

6. Makes sure that all treatments or procedures are done or are in progress, and documents information

7. Checks all dressings, drainage equipment, and IVs as needed or prescribed

C. **Meets Patient's Adjustment and Emotional Needs**

1. Reassures patient when making rounds at the beginning of shift that you are there and that you have time if patient needs you

2. Explains procedures and policies to patient and family; answers questions or refers patient or family to persons who can

3. Explains to patient or family any changes in schedule of care or treatment plan

4. Allows patient and family to ventilate feelings and concerns

D. **Meets Patient's Physical and Medical Needs**

1. Makes sure that patient receives medication and treatments as prescribed and on time

2. Completes treatment procedures after explaining process to patient

3. Supervises other staff to make sure that all care has been provided

4. Checks chart, flow sheet, and assignment sheets throughout shift to assess any changes in patient's condition, and responds appropriately

E. **Uses Safe Techniques and Stresses Safety**

1. Uses sterile or medical asepsis correctly when giving patient care

2. Identifies patient by checking name and ID bracelet

3. Knows all patient's medications; their actions, indications, and side effects

4. Knows and follows all hospital safety rules

   EXAMPLES: Bedrails, fire precautions, oxygen monitoring

5. Washes hands frequently

6. Emphasizes safety factors to team members

ASSIGNMENT SHEET #4

F. **Observes, Reports, and Charts**

1. Develops organized system of taking notes during report to check on patients during rounds and throughout shift
2. Charts all pertinent information clearly and concisely throughout shift
3. Periodically observes patients and recognizes any changes in condition throughout shift; documents and reports changes
4. Reviews other team members' charts and makes additions; makes sure that corrections are made if needed
5. Reviews all components of patient's charts to obtain knowledge of patient's overall condition

G. **Adapts to New or Stressful Situations**

1. Exhibits calm exterior when dealing with problems or unexpected changes in routine
2. Controls emotions in dealing with any internal problems with staff or patients
3. Exhibits flexibility when needed adjustments in scheduling procedures occur

H. **Relates to Co-workers, Physicians, and Visitors**

1. Feels comfortable in giving directions to staff
2. Communicates well with other staff, departments, and physicians
3. Displays confidence when relating to visitors and families
4. Holds report, team, and clinical conferences with a minimum of anxiety

I. **Uses Judgment Regarding Professional Values**

1. Reports all situations honestly, even though it may reflect on your actions
2. Refrains from any gossip or break in confidentiality
3. Makes sure that narcotic count is correct at beginning and end of shift
4. Displays professional demeanor at all times

ASSIGNMENT SHEET #4

J. **Uses Learning Opportunities Available**

1. Researches information and uses available resources to plan and lead team and clinical conferences
2. Uses available time to assist and observe procedures completed by other health professionals
3. Schedules time to attend any in-service or unit conferences on health subjects or new equipment updates

K. **Accepts Nursing Service Responsibility**

1. Makes all assignments based on team members' educational backgrounds, experience, and talents
2. Correctly fills out all hospital forms, including charts
3. Uses chain of command to assist in solving any problems or in giving needed information
4. Makes sure that all equipment is in good order and that the unit is restocked with supplies before next shift arrives

L. **Applies Scientific Principles to Nursing Care**

1. Uses knowledge of scientific principles in developing and implementing care plan
2. Applies scientific knowledge in making decisions and judgments in giving patient care

   EXAMPLES: Takes apical pulse before giving digitalis preparations, holds insulin until fasting blood sugar is drawn and breakfast has been ordered and ready for patient, holds heparin if PTT has not been drawn, does not massage patient's legs if thrombosis is suspected.

3. Applies scientific principles when teaching patient, family, and other team members

ASSIGNMENT SHEET #4

EVALUATION

(NOTE: If you find that some of the criteria were not relevant to your team leading experience, write an N/A in the blanks below. Otherwise, read the criteria again and honestly evaluate yourself in a team-leading role. If you carried out additional tasks or had other responsibilities, write those in the blanks. Discuss what you felt were your strengths and weaknesses in each area. Give ideas of how you can improve your areas of weakness.)

A. **Plans, Organizes, and Adapts Nursing Care**

____

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____

B. **Checks on Medications, Treatments, or Procedures**

____

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____

____

ASSIGNMENT SHEET #4

C. **Meets Patient's Adjustment and Emotional Needs**

____

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D. **Meets Patient's Physical and Medical Needs**

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E. **Uses Safe Techniques and Stresses Safety**

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ASSIGNMENT SHEET #4

F. **Observes, Reports, and Charts**

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G. **Adapts to New or Stressful Situations**

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H. **Relates to Co-workers, Physicians, and Visitors**

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I. **Uses Judgment Regarding Professional Values**

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ASSIGNMENT SHEET #4

J. **Uses Learning Opportunities Available**

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____
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____

K. **Accepts Nursing Service Responsibility**

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____
____
____

L. **Applies Scientific Principles to Nursing Care**

____
____
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____
____

ORGANIZATIONAL AND MANAGEMENT SKILLS
FOR PRACTICAL NURSES
UNIT III

ANSWERS TO ASSIGNMENT SHEETS

Assignment Sheet #1 — Evaluated to the satisfaction of the instructor

Assignment Sheet #2 — Evaluated to the satisfaction of the instructor

Assignment Sheet #3 — Evaluated to the satisfaction of the instructor

Assignment Sheet #4 — Evaluated to the satisfaction of the instructor

ORGANIZATIONAL AND MANAGEMENT SKILLS FOR PRACTICAL NURSES
UNIT III

TEST

NAME ______________________________ SCORE ______________

1. Describe the role of the practical nurse as team leader.

   a. Plans patient care — ______________________________

   b. Implements patient care — ______________________________

TEST

c. Coordinates staff activities — ______________________________

____

____

____

____

____

2. Select from the following list characteristics of a good team leader. Write an "X" in the blank before each correct answer.

_____a. Is imperious in decision making

_____b. Is knowledgeable, skilled, and experienced in the nursing profession

_____c. Is professional in appearance, attitude, and philosophy

_____d. Shows concern for others and wants others to achieve and grow in the nursing profession

_____e. Is stringent when counseling staff

_____f. Is able to make decisions based on careful and complete analysis of all facts, and is able to use good judgment in carrying out decisions

_____g. Is creative in planning new approaches, and takes the initiative to carry them out

_____h. Is organized in determining priorities and in planning effective actions for the unit

_____i. Is aware of total environment that influences the planning of patient care, the unit's effectiveness, and the problems of the individual team members

_____j. Is inflexible in making choices

_____k. Possesses good physical and emotional health

_____l. Possesses a perseverance for rigidity in following all rules

_____m. Is flexible in coping with change

_____n. Is able to discipline and provide structure for team members

TEST

3. Select from the following list characteristics of types of management systems. Write an "X" in the blank before each correct answer.

Autocratic

_____a. Manager is demanding and exhibits a high degree of control

_____b. Manager is flexible in making choices

_____c. Manager uses negative motivation in dealing with employees

_____d. Manager believes that employees are ineffective and incapable of self-direction

_____e. Manager believes that employees should have the right to make decisions

Democratic

_____a. Manager is dictatorial in dealing with employees

_____b. Manager is humanistic and exhibits attitude of employees' being self-directed and responsible

_____c. Manager uses positive motivation in dealing with employees

_____d. Manager is resistant to any new ideas

_____e. Manager believes that employees should take part in making decisions and accepting responsibilities

Independent

_____a. Manager believes that each situation is different and requires different leadership styles

_____b. Manager is inflexible in making decisions

_____c. Manager uses different styles based on situations and employees

4. Arrange in order the following problem-solving steps. Write a "1" before the first step, a "2" before the second step, and so on.

_____a. Get all the facts

_____b. Implement the selected solution

_____c. Identify and define the problem

_____d. Determine a number of workable solutions

TEST

_____e. Evaluate the results

_____f. Evaluate each solution for workability

_____g. Make adjustments if needed

_____h. Select the action that appears to be most practical

5. List common mistakes made by managers.

a. ________________________________

b. ________________________________

c. ________________________________

d. ________________________________

e. ________________________________

f. ________________________________

g. ________________________________

h. ________________________________

i. ________________________________

j. ________________________________

k. ________________________________

l. ________________________________

m. ________________________________

6. List major factors that may cause employee problems.

a. ________________________________

b. ________________________________

c. ________________________________

d. ________________________________

e. ________________________________

f. ________________________________

TEST

g. ____________________

h. ____________________

i. ____________________

7. State guidelines for giving and receiving end-of-shift reports.

Giving report

a. ____________________

b. ____________________

c. ____________________

d. ____________________

e. ____________________

f. ____________________

g. ____________________

h. ____________________

i. ____________________

Receiving report

a. ____________________

b. ____________________

c. ____________________

8. State precautions to take when transcribing orders.

a. ____________________

b. ____________________

c. ____________________

d. ____________________

e. ____________________

TEST

9. State guidelines for taking verbal and telephone orders.

a. ______________________________

____

b. ______________________________

____

10. Select from the following list guidelines for transcribing drug orders. Write an "X" in the blank before each correct answer.

_____a. Read orders and carry through STAT orders first

_____b. Fill out forms or note drug orders to be sent to pharmacy

_____c. Rewrite any orders that are questionable

_____d. Write related information on Kardex

_____e. Leave dates on Kardex and cards blank to be filled in as medication is administered

_____f. Note on Kardex any medication that must be reordered and the stop dates

_____g. Complete a medication card for each medication

_____h. Enter medication, dose, and times to be given on the nurses note sheet, in medication record, or on flow sheet

_____i. Inform person giving medications; give that person the medication cards or profile

_____j. Use methods appropriate in your facility for checking off orders and signing the order sheet

_____k. Follow facility policies when discontinuing medication on chart, Kardex, medication card or flow sheet, and patient profile

11. Select from the following list routine laboratory orders. Write an "X" before each correct answer.

_____a. Cardiac enzymes

_____b. UA

_____c. CBC, WBC

TEST

______d. Bilirubin

______e. Electrolytes

______f. Amylase

______g. Urine culture

______h. Blood culture

______i. Potassium

______j. Type and cross match for blood

12. State guidelines for transcribing laboratory orders.

a. ______________________________

____

b. ______________________________

____

c. ______________________________

____

d. ______________________________

____

e. ______________________________

____

f. ______________________________

____

g. ______________________________

____

h. ______________________________

____

i. ______________________________

____

TEST

13. Match x-ray procedures to their correct purposes. Write the correct numbers in the blanks.

_____a. Visualizes the esophagus, stomach, and small intestine

_____b. Visualizes the large intestine

_____c. Visualizes the gallbladder

_____d. Visualizes the kidneys, ureters, and bladder

_____e. Visualizes a cross-sectional image of soft structures of the body and distinguishes between different tissue densities

_____f. Visualizes the transverse planes of tissues

_____g. Visualizes the spinal column

_____h. Visualizes a blood vessel

1. Myelogram
2. Computerized tomography scan (CT or CAT)
3. Gastrointestinal series (GI or upper GI)
4. Cholecystogram (GB series)
5. Colon series (lower GI)
6. Angiogram
7. Intravenous pyelogram (IVP)
8. Ultrasonogram

14. Identify common x-ray procedures according to the measures used to prepare patients. Write the correct names in the blanks.

Colon series (lower GI)
Cholecystogram (GB series)
Myelogram
Brain scan without contrast, computerized tomography scan (CT or CAT)
Gynecological ultrasonogram
Abdominal ultrasonogram
Body scans, computerized tomography scan (CT or CAT)
Brain scan with contrast, computerized tomography scan (CT or CAT)
Gastrointestinal series (GI or upper GI)
Intravenous pyelogram (IVP)
Angiogram
Obstetrical ultrasonogram

Procedure	Measures
a. ____________________ ____________________	Give sedation as ordered Hold breakfast
b. ____________________ ____________________	No preparation needed

TEST

Procedure	Measures
c. ______________________________ ______________________________	Give fat-free supper Give nothing by mouth after midnight Administer medication with systemic dye Hold breakfast
d. ______________________________ ______________________________	Give three 8-ounce glasses of liquid one to one-half hour before the procedure to ensure a full bladder
e. ______________________________ ______________________________	Give nothing by mouth after midnight Give prescribed laxatives and enemas Hold breakfast
f. ______________________________ ______________________________	Give four 8-ounce glasses of liquid one to one-half hour before the procedure
g. ______________________________ ______________________________	Give nothing by mouth after midnight Hold breakfast
h. ______________________________ ______________________________	Give sedation as ordered Give **no** fluids or food several hours before x-ray
i. ______________________________ ______________________________	Give liquid diet four to six hours prior to procedure Give nothing by mouth for one hour prior to procedure Make sure patient is free of barium if prior radiographs were completed using that agent Make sure that patient is present in radiology department at least thiry minutes prior to procedure
j. ______________________________ ______________________________	Hold all solid foods twelve hours before examination; may have water
k. ______________________________ ______________________________	Give prescribed laxative day before x ray Give nothing by mouth after supper Hold breakfast
l. ______________________________ ______________________________	Give liquid diet four to six hours prior to procedure Give nothing by mouth for one hour prior to procedure

TEST

15. State guidelines for transcribing x-ray orders.

a. ______________________________

____

b. ______________________________

____

c. ______________________________

____

d. ______________________________

____

e. ______________________________

____

f. ______________________________

____

g. ______________________________

____

16. Describe guidelines for transcribing dietary orders.

____

____

____

____

____

____

____

____

____

____

TEST

17. Describe guidelines for transcribing pre- and postoperative orders.

Preoperative orders

Postoperative orders

TEST

18. Select from the following list guidelines to use in patient and family teaching and discharge planning. Write an "X" in the blank before each correct answer.

Patient and family teaching

______a. Assess patient's readiness and ability to learn

______b. Schedule several staff to teach patient and family

______c. Assess family's readiness and ability to learn

______d. Involve patient and family in planning and implementation of instruction

______e. Establish specific, measurable, realistic objectives; adjust as teaching progresses

______f. Develop entire plan of instruction before involving the patient and family

______g. Keep a written record of information and skills that have been learned

______h. Provide a quiet, well-ventilated, distraction-free environment for the teaching program

______i. Plan teaching so that a group of patients and families can be instructed at one time

______j. Assign only one person to teach patient and family to avoid confusion and inconsistency

______k. Provide the most current literature and equipment

______l. Encourage and compliment patient and family as learning takes place

Discharge planning

______a. Plan to give patient last minute instructions so that volume of information is not confusing

______b. Identify the care that will need to take place following discharge

______c. Provide any equipment, medications, dressings, or other items needed to continue care, and instruct patient and family in their use

______d. Make arrangements for continued care, if needed, with pertinent home health care agencies, or provide patient and family with agency or person to contact

TEST

_____e. Arrange any follow-up appointments needed by patient as recuperation takes place

_____f. Instruct patients to make their own follow-up appointments

_____g. Make arrangements for transportation if needed

_____h. Document that discharge planning has been completed and that patient did in fact understand instructions

_____i. Call physician for instructions just before patient leaves hospital

_____j. Make sure that patient understands all instructions and has asked questions about anything that is unclear

(NOTE: Test questions 19-22 list the assignment sheets. They are an important part of this test. If they have not been completed, check with your instructor.)

19. Coordinate patient care as a team leader.

20. Transcribe drug, laboratory, x-ray, dietary, and pre- and postoperative orders.

21. Plan a patient discharge.

22. Evaluate team-leading experience.

ORGANIZATIONAL AND MANAGEMENT SKILLS FOR PRACTICAL NURSES
UNIT III

ANSWERS TO TEST

1. Description should include the following

   Plans patient care

   a) Receives, interprets, and coordinates information in verbal and written reports concerning patient care

   b) Discusses patient care with physician, nursing staff, and other health care team members to plan care program

   c) Develops nursing care plans for individual patients

   d) Makes nursing rounds to evaluate and assess patients' needs

   Implements patient care

   a) Coordinates with other departments when patient care requires their expertise

   b) Assigns staff in terms of patient needs and staff level of knowledge and skills

   c) Seeks guidance when problems are beyond limits of knowledge or skills

   d) Prepares written and verbal reports concerning patient care, and communicates these reports to other staff

   e) Makes rounds with physicians, and assists with examinations and treatments

   f) Provides for patient and family teaching and for discharge planning

   Coordinates staff activities

   a) Serves as role model for staff

   b) Provides opportunities for staff to learn new skills

   c) Uses leadership skills in the management of staff

   d) Assesses patient care given by staff, and directs needed changes

2. b, c, d, f, g, h, i, k, m, n

ANSWERS TO TEST

3. **Autocratic**

   a, c , d

   Democratic

   b, c, e

   Independent

   a, c

4. a. 2
   b. 6
   c. 1
   d. 3
   e. 7
   f. 4
   g. 8
   h. 5

5. a. Failing to treat the staff as individuals
   b. Trying to be liked rather than respected
   c. Failing to keep criticism constructive
   d. Failing to make sure that tasks are understood and carried out
   e. Wasting time on details or work that belongs to others
   f. Failing to keep commitments
   g. Failing to keep the team informed
   h. Emphasizing rules rather than skills
   i. Using your position for personal gain and credit
   j. Failing to make decisions based on sound facts
   k. Failing to set a good example
   l. Failing to ask for advice from the team
   m. Failing to pay attention to complaints from the team

ANSWERS TO TEST

6. a. Emotional immaturity
   b. Excessive or lack of supervisory direction
   c. Inability to get along with others
   d. Job insecurity
   e. Wrong job
   f. Personal problems
   g. Poor health
   h. Poor work habits
   i. Poor attitude

7. **Giving report**

   a. Collect important information beforehand
   b. Start on time
   c. Speak clearly; do not mumble, eat, or drink while giving report
   d. Start each report with date and shift, and end each report with your name and title if using a recorder
   e. Begin each patient report with patient's name, patient's age, physician's name, and primary diagnosis or treatment
   f. Move systematically from top to bottom of the Kardex to make sure that you do not miss any important information
   g. Give summaries of current problems and give solutions if possible, but restrict your personal opinions
   h. Report pertinent diagnostic tests and treatments
   i. Provide notes, cards, requisitions or other items the next shift will need to provide patient care

   Receiving report

   a. Take notes of things to check as you make rounds, make assignments, or check charts

ANSWERS TO TEST

b. Visualize the patient as the information is being presented

c. Listen carefully for any new information

8. a. Always transcribe orders accurately

   b. Question any orders that do not seem logical or correct

   c. Always print or write legibly

   d. Use only standard abbreviations

   e. Transcribe orders in a sequence or order; do not skip over orders, thinking that you will do them at a later time

9. a. Repeat verbal or telephone orders back as you have taken them and have them written down

   b. Make sure that all verbal or telephone orders are signed by the physician as soon as possible

10. a, b, d, f, g, h, i, j, k

11. b, c, e, g, h, j

12. a. Write laboratory order in correct place on Kardex, making sure to note any special restrictions or preparations

    b. Prepare the correct laboratory form

    c. Check with laboratory or consult laboratory procedure manual if you do not understand the order or if you are unsure which form to use

    d. Send request to laboratory and inform the technician if he or she is to obtain the specimen; or hold form at the desk and inform person caring for patient to obtain the specimen

    e. Make sure that request form is clearly stamped with the correct patient's name and room number

    f. Order any special equipment that you might need to obtain the specimen

    g. Post signs in patient's unit to make others aware of specimen needed

ANSWERS TO TEST

h. Ask person who will be caring for patient to explain procedure to patient

i. Read all lab reports, and notify supervisor or physician of any abnormalities; attach report in appropriate place in chart

13.	a. 3		e. 8	
	b. 5		f. 2	
	c. 4		g. 1	
	d. 7		h. 6	

14. a. Myelogram

b. Brain scan without contrast, computerized tomography scan (CT or CAT)

c. Cholecystogram (GB series)

d. Obstetrical ultrasonogram

e. Colon series (lower GI)

f. Gyneocological ultrasonogram

g. Gastrointestinal series (GI or upper GI)

h. Angiogram

i. Body scans, computerized tomography scan (CT or CAT)

j. Abdominal ultrasonogram

k. Intravenous pyelogram (IVP)

l. Brain scan with contrast, computerized tomography scan (CT or CAT)

15. a. Write order in Kardex, noting any special preparation or procedures

b. Write procedure on x-ray request form, noting any special orders

c. Make sure that request form is clearly stamped with correct patient's name and room number

d. Notify x-ray department and/or operating room of procedure to be done

ANSWERS TO TEST

e. Post signs in patient's unit, and explain what is needed to person who is assigned to care for patient

f. Ask person who will be caring for patient to explain procedure to patient

g. Compare request form with results; notify the supervisor or physician if abnormalities are noted; record in appropriate place in chart

16. Description should include the following

a. Write all fluid and diet orders on Kardex

b. Send information to dietary department; keep dietary department updated on any changes in diet

c. Note intake and output orders on Kardex; post signs and I & O sheets at station and in unit

d. Write in red ink on Kardex patient's allergies to food, and post sign at bedside

e. Note on Kardex, chart, and diet form diet orders that change gradually according to patient's progress

17. Description should include the following

Preoperative orders

a. Note dietary information on Kardex, chart, and diet form; post at patient's bedside

b. Note laboratory and x-ray orders (routine and specific) on Kardex, chart, and request forms; make sure that departments know that patient will be going to surgery and that tests must be completed prior to surgery

c. Note on Kardex preparation of patient, including surgical site; complete requisitions for equipment and appropriate cards

d. Note sedative and preoperative medications on Kardex, medication sheet, medication cards or profile

Postoperative orders

a. Note time intervals for vital signs to be taken; record on Kardex and chart

b. Note wound and dressing orders on Kardex, chart, and possibly treatment cards

c. Note drug orders for pain, nausea, and for sedation on Kardex, medication sheet, medication cards, or patient profile

d. Record intake and output orders on Kardex, chart, I & O sheet, and IV fluid sheet

ANSWERS TO TEST

e. Note amount of activity on Kardex, chart, and treatment cards if used

f. Note on Kardex, chart, treatment cards if used, or flow sheet special equipment needed for particular type of surgery and instructions for use

18. **Patient and family teaching**

a, c, d, e, g, h, j, k, l

Discharge planning

b, c, d, e, g, h, j

19. Evaluated to the satisfaction of the instructor

20. Evaluated to the satisfaction of the instructor

21. Evaluated to the satisfaction of the instructor

22. Evaluated to the satisfaction of the instructor

INTRODUCTION TO ONCOLOGIC NURSING
UNIT IV

UNIT OBJECTIVE

After completing this unit, the student should be able to plan care and evaluate resources for oncologic patients. The student will show this knowledge by completing assignment sheets and unit test with a minimum score of 85 percent.

SPECIFIC OBJECTIVES

After completing this unit, the student should be able to

1. Match to their correct definitions terms associated with oncologic nursing.
2. Select from a list warning signals of cancer.
3. List factors that contribute to the development of neoplastic diseases.
4. Match to their correct descriptions methods used to diagnose neoplastic disorders.
5. State nursing responsibilities in preparing patients for diagnostic tests.
6. Distinguish between benign and malignant tumors.
7. Distinguish among characteristics of benign and malignant tumors.
8. State reasons why cancer has an emotional impact.
9. List cancers found in pediatric patients.
10. State nursing responsibilities for assisting patients and families throughout an oncologic illness.
11. Select from a list ways that metastasis occurs.
12. List current treatments used in oncologic nursing.
13. Match to their correct descriptions types of therapies used in treating cancer.
14. Match methods of surgical treatment to their correct descriptions.
15. State nursing responsibilities for assisting patients undergoing surgery for treatment of cancer.
16. Select from a list basic concepts of radiotherapy.

OBJECTIVE SHEET

17. Describe methods of treating patients with radiotherapy.
18. State nursing responsibilities for caring for patients undergoing radiotherapy.
19. Select from a list safety guidelines to follow when providing care for patients receiving internal radiotherapy.
20. Match current chemotherapy agents to their correct actions.
21. Select from a list side effects associated with the administration of chemotherapy.
22. Match to their correct descriptions complications related to the use of chemotherapy agents.
23. State nursing responsibilities for caring for patients receiving chemotherapy.
24. Match active and passive immunotherapies to their correct descriptions.
25. Match pain management techniques to their correct descriptions.
26. Describe the role of the hospice in treating cancer patients.
27. State guidelines used in dealing with cancer quackery.
28. Recommend resources for oncology patients.
29. Plan care for an oncology patient.

INTRODUCTION TO ONCOLOGIC NURSING
UNIT IV

SUGGESTED ACTIVITIES

I. Unit contents
   - A. Objective sheet
   - B. Suggested activities
   - C. Information sheet
   - D. Transparency master: TM #1 — Metastasis
   - E. Assignment sheets
     - 1. Assignment Sheet #1 — Recommend Resources for Oncology Patients
     - 2. Assignment Sheet #2 — Plan Care for an Oncology Patient
   - F. Answers to assignment sheets
   - G. Test
   - H. Answers to test

II. Instructor's guide
   - A. Order materials to supplement unit.
     - 1. *Coping with Cancer*, catalog of reference materials. Available from the U.S. Department of Health and Human Services, National Cancer Institute, Bethesda, Maryland 20014.

       (NOTE: This catalog contains listings of pamphlets, posters, books, films, and filmstrips covering information on cancer.)
     - 2. Filmstrips
       - a. *Cancer I—The Nature of Cancer and Its Diagnosis* — Covers cancer cell formation and diagnostic procedures.
       - b. *Cancer II—Focusing on Feelings* — Covers nursing work with cancer patients and how nurses' own feelings affect their performance and relationship with these patients.
       - c. *Cancer III—Treatment Modalities with Implications for Nursing Care* — Covers various treatments for cancer, with emphasis on psychological effects.

         (NOTE: Filmstrips a through c are available from Concept Media, P. O. Box 19542, Irvine, California 92714.)

SUGGESTED ACTIVITIES

   d. *Complications of Advanced Cancer* — Discusses signs and symptoms of the four complications, as well as treatment modes.

   e. *Radiation Therapy* — Discusses common types and effects of radiotherapy; also covers safety factors for patients and health care workers.

   f. *Pathophysiology of Cancer* — Discusses normal cell growth and describes characteristics of malignant growth.

   (NOTE: Filmstrips d through f are available from the Trainex Corporation, P. O. Box 116, Garden Grove, California 92642.)

3. Additional resources

   (NOTE: Each year cancer agencies update their materials used to educate the public in the research and treatment of cancer. The following agencies, advocate groups, and companies may be contacted for pamphlets, bulletins, films, filmstrips, and other materials that would be beneficial for students to use.)

   a. American Cancer Society, Oklahoma Division, 1312 N.W. 24th, Oklahoma City, Oklahoma 73106.

   (NOTE: Out-of-state teachers may write to the American Cancer Society, 777 Third Avenue, New York, New York 10017.)

   b. Bristol Laboratories, Division of Bristol-Myers Company, Syracuse, New York 13201.

   c. Office of Cancer Communications, National Cancer Institute, Bethesda, Maryland 20014.

B. Make or obtain transparency.

(NOTE: Transparencies are available from the Curriculum and Instructional Materials Center, 1500 West Seventh Avenue, Stillwater, Oklahoma 74074.)

C. Introduce unit with a summary of the number of persons who have cancer and the percentage of those successfully treated.

SUGGESTION:

- Make a bulletin board of articles that discuss the various types of cancers that have been successfully treated.

D. Focus on the different types of cancer, their affects on the individual, and typical reactions.

SUGGESTED ACTIVITIES

SUGGESTION:

- Have students react to the different types of cancer they have seen or read about. Discuss their reactions and those of the general public.

E. Provide students with objective sheet.

F. Discuss unit and specific objectives.

G. Provide students with information and assignment sheets.

H. Discuss information and assignment sheets.

1. Discuss Information Sheet, Sections I through III, emphasizing information concerning the early warning signals and causative factors of cancer.

   SUGGESTIONS:

   - Find articles of current interest on factors that cause various types of cancer; use debate method to discuss facts.

   - Have class set up a day for public awareness for cancer prevention; make posters, show films, and make presentations to other classes.

2. Discuss Information Sheet, Sections IV and V. Help students realize the impact that early recognition and diagnostic tests have on patients. Discuss how the nurse can assist in these diagnostic processes.

   SUGGESTIONS:

   - Set up a tour of a radiology department, and ask the radiologist to discuss equipment and procedures used to diagnose cancer.

   - Ask a cytologist to speak to the class about various laboratory studies used to diagnose cancer.

   - Have students role-play patients who need diagnostic tests and nurses who prepare these patients for diagnostic tests.

3. Discuss Information Sheet, Sections VI and VII. Help students recognize types and characteristics of benign and malignant tumors. Discuss nursing roles in assisting patients in understanding their type of cancer.

SUGGESTED ACTIVITIES

SUGGESTIONS:

- Show filmstrips that compare normal and abnormal growth of tissue.
- Have students review prefixes and suffixes and break down terms for types of tumors to determine origin.

4. Discuss Information Sheet, Sections VIII through X. Emphasize the importance of empathy and objectivity in assisting patients in working through feelings about their conditions.

SUGGESTIONS:

- Show filmstrip, *Cancer II—Focusing on Feelings*.
- Role-play patients and nurses reacting to the diagnosis of cancer.
- Ask pediatric nurse clinician or oncology clinician to speak to the class concerning the care of pediatric patients with cancer.
- Give students names and addresses of resource groups that assist patients with cancer. Have students complete Assignment Sheet #1.
- Have students complete Assignment Sheet #2 to assist them in planning care for an oncology patient.
- Order *A Cancer Source Book for Nurses* from the American Cancer Society, 1312 N.W. 24th Street, Oklahoma City, Oklahoma 73106.

  (NOTE: Out-of-state teachers may order from the American Cancer Society, 777 Third Avenue, New York, New York 10017.)

5. Help students understand the ways that cancer metastasizes in the body and the importance of early treatment for prevention of this process. Use Information Sheet, Section XI.

SUGGESTIONS:

- Use Transparency #1 to show the ways that cancer metastasizes.
- Ask an oncologist to speak to the class on the various types of cancer and the ways that cancers progressively spread.

6. Emphasize the various types of current therapies used in oncologic treatment and their impacts on cures. Use Information Sheet, Sections XII and XIII.

SUGGESTED ACTIVITIES

SUGGESTIONS:

- Use cancer resource material from the American Cancer Society to reinforce information on treatment therapies.
- Ask representatives from cancer resource groups to speak to the class concerning their roles in assisting persons throughout oncologic treatment.

7. Discuss Information Sheet, Sections XIV and XV to help students understand surgical procedures used to treat cancer.

SUGGESTIONS:

- Ask a surgeon to explain the various types of surgical procedures used in the treatment of cancer.
- Obtain permission for students to observe a surgical procedure for the removal of cancerous tissue.

8. Discuss Information Sheet, Sections XVI through XIX. Clear any misconceptions students may have concerning the treatment of cancer with radiotherapy.

SUGGESTIONS:

- Obtain permission for students to observe various types of radiotherapy for cancer.
- Show filmstrips, *Radiation Therapy* and *Complications of Advanced Cancer*.
- Stress safety precautions in caring for patients undergoing internal radiation treatment.

9. Discuss Information Sheet, Sections XX through XXII. Emphasize nursing responsibilities in the use of chemotherapy for patients with cancer.

SUGGESTIONS:

- Ask an oncology nurse to discuss various chemotherapy agents and to relate the effects of such agents on patients.
- Collect package inserts from various chemotherapy agents and make a bulletin board display.

10. Update information in Information Sheet, Section XXIV through a variety of resources to determine current immunotherapies.

SUGGESTED ACTIVITIES

SUGGESTIONS:

- Ask an oncologist to speak to the class concerning updated information on immunotherapies being used at this time.
- Obtain permission for students to observe a plasmapheresis procedure and discuss nursing care.

11. Discuss pain management techniques, and review with students methods or alternatives to the use of drugs. Use Information Sheet, Section XXV.

    SUGGESTIONS:

    - Ask an oncology clinician to discuss current concepts of pain management.
    - Review types of narcotic and nonnarcotic drugs and their use or misuse by patients.

12. Discuss Information Sheet, Section XXVI, emphasizing the positive factors of the hospice concept.

    SUGGESTIONS:

    - Obtain permission for students to work with the hospice group in your community.
    - Ask a volunteer from a hospice group to speak to the class about his or her work with hospice patients.

13. Focus on current issues related to the use of unproven methods of treating cancer. Discuss how these unproven methods affect oncologic nursing. Use Information Sheet, Section XXVII.

    SUGGESTIONS:

    - Obtain information from groups that research cancer cure methods. Discuss in class.
    - Ask students to bring to class for discussion newspaper and magazine articles or ads that deal with cancer cures.
    - Role-play methods of answering patients' questions concerning cancer cures.

I. Give test.

J. Reteach and retest if necessary.

SUGGESTED ACTIVITIES

III. Unit references

A. Marino, Lisa Begg. *Cancer Nursing.* St. Louis: The C. V. Mosby Company, 1981.

B. Rogers, Helen V. *Nursing III: A Course of Study.* Stillwater, Oklahoma: State Department of Vocational and Technical Education/Curriculum and Instructional Materials Center, 1976.

C. Rosdahl, Caroline Bunker. *Textbook of Basic Nursing,* 3rd ed. Philadelphia: J. B. Lippincott Company, 1981.

D. Scherer, Jeanne C. *Introductory Medical-Surgical Nursing.* Philadelphia: J. B. Lippincott Company, 1977.

INTRODUCTION TO ONCOLOGIC NURSING
UNIT IV

INFORMATION SHEET

I. Terms and definitions

  A. Oncology — Study or science of neoplastic growth

  (NOTE: *Oncologic nursing* is the current terminology for cancer nursing.)

  B. Neoplasm — New growth of abnormal tissues or cells; tumor

  C. Malignant — Pertaining to or denoting progressive growth of certain tumors that may spread to other sites

  D. Benign — Not malignant or recurrent

  E. Cancer — A malignant tumor; comprises a broad group of malignant neoplasms

  (NOTE: Cancer, also known as *carcinoma* or *CA*, is a disease that affects plants and all forms of animal life. The cancerous cells have uncontrolled reproduction as compared to normal cells.)

  F. Metastasis — Process by which cancer cells break away and spread to other places in the body

  G. Leukoplakia — Abnormal thickening and whitening of the epithelium of a mucous membrane

  (NOTE: Leukoplakial lesions may become malignant.)

  H. Biopsy — Removal of a piece of tissue for diagnostic study

  I. Radioisotope — Radioactive form of a chemical

  J. Radiotherapy — Treatment of cancer with any kind of radiation, including use of roentgen or x rays, radium, and other radioactive materials

  K. Remission — Abatement of symptoms

  L. Cancer chemotherapy — Treatment of disease with highly toxic chemical agents that are destructive to cells

  M. Cytotoxin — Agent with ability to damage or destroy cells

INFORMATION SHEET

N. Immunotherapy — Experimental method of treating cancer with substances that stimulate the body's own immune system

(NOTE: This type of therapy may be classified into two categories: active and passive. Active immunotherapy for common diseases such as polio and tetanus has been used for some time. Passive immunotherapy, using gamma globulin to treat exposure to serum hepatitis, is quite common. Immunotherapy in cancer is a current concept that is being heavily researched. Nursing care will depend on the type of therapy but will center on protection of the patient from any infection.)

II. Warning signals of cancer

(NOTE: These warning signals, as identified by the American Cancer Society, spell "caution" and are reasons to see a physician for further investigation.)

A. Change in bowel or bladder habits

B. A sore that does not heal

C. Unusual bleeding or discharge

D. Thickening or lump in breast or elsewhere

E. Indigestion or difficulty swallowing

F. Obvious change in wart or mole

G. Nagging cough or hoarseness

III. Factors that contribute to the development of neoplastic diseases

(NOTE: At this time there are many investigations being made into specific causes for various types of cancer. Advances in finding sources of conditions that produce carcinogenic disorders may in time reduce factors that cause cancer.)

A. Benign tumor that tends to become malignant

B. Chronic irritation

EXAMPLES: Constant exposure to strong sunlight may bring about skin cancers.

Irritation from hot pipe may cause lip cancers.

Cigarette smoking may lead to lung cancer.

INFORMATION SHEET

C. Heredity

(NOTE: Findings indicate that many children of parents or grandparents with cancerous conditions are predisposed to develop that type of cancer. Research at this time does not confirm whether this is all hereditary or partly due to environmental factors.)

D. Exposure to specific agents (carcinogens)

EXAMPLES: Asbestos, dyes, paints, radioactive agents

E. Viral infection

(NOTE: Viral infection is a relatively new factor that is being further researched. Cancer is not contagious. Many people have the misconception that cancer can be caught from someone with the condition.)

IV. Methods used to diagnose neoplastic disorders

(NOTE: There are various ways to diagnose neoplastic disorders at this time. The method used is generally based on where the affected area is located and the system, organ, or tissue suspected.)

A. Needle aspiration biopsy — Removal of tissue, using a needle and syringe

(NOTE: One of the advantages of this type of biopsy is the ease of performing the procedure under local anesthetic. Some of the disadvantages of the procedure are the small amount of tissue that can be obtained, danger of internal bleeding, and the possibility of a false negative result. This method is used for prostatic carcinoma, breast cancer, some of the peripheral lung cancers, and liver, pancreas, bone, and lymph cancers.)

B. Incisional biopsy — Removal of tissue and the edge of adjoining skin or mucosa from a suspect area, using a knife or a punch instrument

(NOTE: The biopsy must be deep enough to include enough tissue to be able to check for invasiveness.)

C. Excisional biopsy — Removal of entire tumor or areas of tissue through a surgical incision

(NOTE: This is the best method to use in removing small tumors. Specimens must be removed in one piece, especially when the mass has a polypoid base.)

INFORMATION SHEET

D. Cytology — Study of smears of suspected cells from washings or scrapings

(NOTE: The study of cells is usually done first as a screening procedure and can be as accurate as a tissue biopsy.)

EXAMPLES:	Sputum or bronchial washings Endometrial and cervical lesion scrapings Gastric washings Urine Spinal fluid

E. Frozen section — Study of tissue taken from patient while still in the operating room to diagnose cancer and to confirm the adequacy of surgical excision

(NOTE: A frozen section examination may form the basis for any further surgery.)

F. Radiology — Study of various parts of the body to visualize cancerous growth

(NOTE: More sophisticated equipment, such as the CAT scan, has been developed to scan suspected areas.)

EXAMPLES:	Barium enemas Upper GI series Mammography and thermography of breast Nuclear magnetic resonance

G. Laboratory blood studies — Check of blood components to determine whether cancerous cells have recurred or metastasized to other areas

EXAMPLES: Alkaline phosphatase used to check for obstruction of the liver by a possible tumor mass; acid phosphatase to check for metastasis of cancer of the prostate

H. Routine examinations — Common procedures used in physicals or other diagnostic tests

EXAMPLES:	Breast self-examination Proctoscopic and sigmoidoscopic exams Pelvic exam

V. Nursing responsibilities in preparing patients for diagnostic tests

A. Explain procedure clearly to patient and family

INFORMATION SHEET

B. Provide pictures or drawings, or show equipment, to prepare patients for the type of diagnostic procedure to be used

C. Prepare area to be tested according to physician's instructions

EXAMPLE: Prep given to patients having a barium enema may include oral cathartics or enemas.

VI. Benign and malignant tumors

A. Benign

1. Adenoma
2. Angioma
3. Chondroma
4. Fibroma
5. Lipoma
6. Myoma
7. Nevus
8. Osteoma
9. Papilloma

B. Malignant

1. Carcinomas

   (NOTE: These cancers occur in the epithelial tissues.)

   a. Squamous cell
   b. Melanoma
   c. Adenocarcinoma
   d. Basal cell
   e. Multiple myeloma

INFORMATION SHEET

f. Lymphoma

EXAMPLES: Hodgkin's disease, lymphosarcoma

2. Sarcomas

(NOTE: Sarcomas occur in connective tissue, bone, muscle, and cartilage.)

a. Liposarcoma

b. Osteogenic sarcoma

c. Lymphosarcoma

3. Leukemia

VII. Characteristics of benign and malignant tumors

A. Benign

1. Grow slowly
2. Usually show no recurrence after removal
3. Remain localized
4. Are almost always enclosed in a capsule
5. Do not infiltrate surrounding tissues
6. Are not usually harmful to host
7. Almost always lead to good prognosis

(NOTE: Benign tumors that press against vital organs or cause obstruction may be harmful.)

B. Malignant

1. Grow rapidly
2. Are harmful to host
3. Infiltrate surrounding tissues
4. Spread from original site by metastasis
5. Are rarely enclosed in a capsule

INFORMATION SHEET

6. May recur after removal

7. Lead to various prognoses, depending on type of tumor and its location, speed of diagnosis, and occurrence of metastasis

VIII. Reasons why cancer has an emotional impact

A. Fear of pain or death from cancer

B. Fear of body image changes or mutilation from surgery, chemotherapy, or radiotherapy causing rejection by loved ones

C. Prospect of a long period of rehabilitation with no guarantee that cancer will not recur

D. Concern about financial affect of costly diagnostic tests, treatment, and rehabilitation

E. Change of patient's role in family

IX. Cancers found in pediatric patients

A. Leukemias

B. Lymphomas

C. Wilms' tumors

(NOTE: Wilms' tumor or nephroblastoma is the most frequent intraabdominal tumor of childhood. It usually occurs in the left kidney, but may affect both kidneys eventually.)

D. Osteogenic sarcomas

(NOTE: Osteosarcoma is the most frequently encountered malignant bone cancer in children. The most frequent site is the long extremity bones.)

E. Neuroblastomas

(NOTE: Neuroblastomas are probably the most common malignant solid tumor in children. Primary site is in the abdomen.)

F. Brain tumors

(NOTE: Neoplasms can arise from any cell within the cranium. Gliomas are the most common brain tumors in children.)

INFORMATION SHEET

X. Nursing responsibilities for assisting patients and families throughout an oncologic illness (Assignment Sheets #1 and #2)

(NOTE: The nurse cannot be effective with patients receiving any type of therapy unless he or she has a firm conviction that the treatment will be of value. Sometimes the treatments can save life, but when they cannot, they can and do reduce tumor size and pain; and in some cases, decrease the destruction of skin and tissue. To be effective, the nurse must take an active part in assisting the patient in planning and carrying out life's activities, even under the prospect of a shortened life.)

A. Assist patients and families in understanding the diagnosis and treatment, and the effects on their lives

(NOTE: To be successful in oncologic nursing, the nurse must be a part of a large health team that works together to provide care for the patient and family. This team may consist of physicians, dietitians, social workers, pastoral care representatives, community resource persons working with cancer specialty areas, and a variety of other health professionals.)

B. Help patients maintain dignity and self-respect throughout illness

(NOTE: Even now, there is a stigma for patients who have cancer. Patients are concerned with body image, body functions, pain, death, and their loved ones' reactions to their illness. Nurses can support patients by encouraging them to work through their feelings and by helping them adjust to body changes.)

C. Refer patients and their families to support groups that can give support in a variety of ways

EXAMPLES: Reach to Recovery
Laryngectomy Club
Ostomy Club
I Can Ccpe
Make Today Count
Cancer Hot Line

XI. Ways that metastasis occurs (Transparency #1)

(NOTE: Cancer may spread to all parts of the body. The place where the cancer begins is known as the *primary site*; the metastatic sites are known as *secondary sites* or *secondary lesions*.)

A. Extension directly into nearby organ or tissue

B. Spread through lymphatic vessels or lymph nodes

C. Spread through circulatory system

INFORMATION SHEET

XII. Current treatments used in oncologic nursing

A. Surgery

B. Radiotherapy

C. Chemotherapy

D. Immunotherapy

XIII. Descriptions of types of therapies used in treating cancer

A. Combination therapy — Use of two or more types of treatment to achieve optimum results

B. Adjuvant therapy — Use of chemotherapy and/or radiation treatment after surgery in an attempt to destroy or control any remaining tumor cells

C. Induction therapy — Initial use of intensive chemotherapy to cause a complete remission

D. Consolidation therapy -- Use of continued intensive treatment after complete remission in case there is still a cell population present that does not show clinically

E. Maintenance therapy — Use of continued chemotherapy to prolong remission

F. Palliative therapy — Use of any treatment that affords relief but not cure

XIV. Methods of surgical treatment

(NOTE: The method selected depends on many factors, including the type of cancer, the condition of the patient, and the extent of the cancer.)

A. Prophylactic — Removal of precancerous lesions

EXAMPLES: Moles, warts, leukoplakias

B. Definitive and/or radical — Removal of cancerous growth and surrounding tissue to prevent metastasis

EXAMPLE: Radical mastectomy

C. Palliative — Removal of an endocrine gland that stimulates cancer growth, removal of an obstruction, or administration of a nerve block to relieve pain

INFORMATION SHEET

XV. Nursing responsibilities for assisting patients undergoing surgery for treatment of cancer

(NOTE: Often patients face several surgeries to excise or treat cancer. For example, patients may have cancer of the colon and have surgery to remove that portion of the colon with a temporary colostomy and at a later date have another surgery to close the colostomy.)

A. Give patient all the emotional support you can at this critical time

B. Explain any procedures well in advance, and allow the patient to ask questions and vent feelings

C. Prepare patient and family for physical and emotional changes throughout the surgery and rehabilitation period

(NOTE: If possible, obtain assistance from other health team members, support groups, and community organizations where applicable.)

D. Spend a great deal of time in preoperative teaching

(NOTE: Explain to patient what will take place and what to expect after surgery. If exercises or special equipment will be part of the postoperative stage, make sure that the patient is aware of this and is able to assist in his or her care.)

XVI. Basic concepts of radiotherapy

A. Radiotherapy affects tissues by altering the chemical structure and the behavior of atoms in the cells; even in small doses, it is somewhat injurious to all cells

B. Radiotherapy uses radium, which is naturally radioactive

(NOTE: Radioactivity is the ability of a substance to spontaneously emit rays or particles from its nucleus.)

EXAMPLES: Alpha particles, beta particles, gamma rays

C. Radiotherapy uses other elements that have been made radioactive

EXAMPLES: Cobalt-60, gold-198, and iodine-131

INFORMATION SHEET

XVII. Methods of treating patients with radiotherapy

A. External — Radiation is delivered from a machine directed at the part of the body receiving treatment

EXAMPLE: Used for cancers of the breast and parotid gland

(NOTE: Skin tolerance is a limiting factor when external radiation is used. The machines are categorized by the amount of energy they produce and are divided into kilovoltage and megavoltage. They are also categorized by the type of rays they emit. Kilovoltage produces soft x rays of low penetration; megavoltage produces sharper rays that can penetrate deeper into the tissues.)

B. Internal — Radiation is delivered by radioactive material placed into body cavity as close as possible to tumor

EXAMPLE: Used for cervical cancer

(NOTE: The radiation, usually an isotope such as radium, cesium, phosphorus-32, or iodine-131, comes in molds, bougies, or in plaques. The form used will depend on the type of cancer and the area involved.)

XVIII. Nursing responsibilities for caring for patients undergoing radiotherapy

A. Explain to patient what will take place during the therapy, and allow patient to ask questions and vent feelings

(NOTE: Many patients consider radiotherapy as the last alternative of treatment. They are fearful of the side effects and of the treatment itself.)

B. Observe patient closely for radiation reactions that may occur during or after therapy

EXAMPLES: Nausea, vomiting, anorexia, diarrhea, fatigue, weakness, signs of infection, anemia

C. Never remove any skin markings made to indicate area to be treated; after therapy, protect skin from heat, cold, irritating soaps, or friction

D. Observe and check any laboratory blood studies for deviations in cell counts because radiotherapy patients are prone to depressed bone marrow states that could cause serious complications

EXAMPLES: Excessive bleeding, infections

E. Encourage a well-balanced diet with an increase in fluid intake; keep an accurate intake and output record

INFORMATION SHEET

F. Encourage patient and family to follow instructions for home care and to observe for any symptoms or problems related to therapy

G. Assist families in obtaining further care from community resources as needed

EXAMPLES: Home health care nurses, social workers

XIX. Safety guidelines to follow when providing care for patients with internal radiotherapy

(NOTE: The use of internal radiotherapy calls for safety guidelines to protect personnel from exposure to radiation.)

A. Limit amount of time caregiver spends in patient's room

(NOTE: Organize patient's care so that the exposure time in the room is limited. Do not make patients feel that you are hurrying through their care or that you are afraid to be near them, but do perform the tasks you need to do in a limited amount of time.)

B. Limit visitors to thirty minutes a day at a 6-foot distance; post radiation signs outside room or have visitors check at nurses' desk for information

C. Discourage young children, young women, or pregnant women from entering room

D. Wear a radiation badge if it is necessary to spend a long period of time in room

E. Follow all guidelines from the radiotherapy department in the care of patients with different types of implants

(NOTE: The most common implants are used for gynecological conditions, but other types of implants using isotopes may be used for other conditions. Check with the department for specific guidelines.)

F. Call the radiation safety officer or the radiotherapist immediately if you think a radiation accident has occurred, and follow their instructions; do not panic

XX. Current chemotherapy agents and their actions

(NOTE: Chemotherapy can be given by a variety of methods, depending on the drug of choice.)

A. Alkylating agents — Disrupt cell growth and division by damaging DNA within the nucleus

EXAMPLES: Cytoxan, Mustargen, Alkeran

INFORMATION SHEET

B. Steriods — Suppress tumor growth by altering existing hormonal states

EXAMPLES: Estrogens, androgens, adrenocortical hormones, progesterones

C. Antimetabolites — Interrupt the manufacture of certain products of metabolism needed for cell function

EXAMPLES: Fluorouracil or 5 FU

D. Antibiotics — Attack microorganisms found in tumor masses by rendering a bactericidal or bacteriostatic effect

(NOTE: Antibiotics are given to patients along with other therapies to prevent further infection and the growth of microorganisms in the affected tissues.)

EXAMPLES: Mitomycin C, actinomycin D, bleomycin sulfate

E. Plant alkaloids — Arrest growth of cells by interfering with the reproduction stage

EXAMPLES: Vinblastine sulfate, vindesine

XXI. Side effects associated with chemotherapy

(NOTE: Patients who receive chemotherapy will react in a variety of ways depending on the drug, the method of administration, and the dose administered.)

A. Nausea, vomiting, and diarrhea

B. Dry mouth, dry throat, and stomatitis

C. Tendency to retain fluids

D. Personality changes

E. Sex-related changes

F. Depression of bone marrow and tendencies for infection and bleeding

G. Loss of hair (alopecia)

H. Toxicity to the drug

I. Loss of appetite

INFORMATION SHEET

XXII. Complications related to the use of chemotherapy agents

A. Hyperuricemia — Abnormal amount of uric acid in the urine; causes breakdown of nucleoproteins in the tumor cells and can cause serious or irreversible kidney failure

B. Immunosuppression — inability of patient's immune system to fight infections

(NOTE: Nurses should warn patients to avoid contact with persons with infections. Hospitalized patients should be placed in reverse isolation.)

C. Myelosuppression — Bone marrow suppression that causes leukopenia, anemia, and thrombocytopenia

(NOTE: This complication may lead to leukopenia, an abnormal decrease of white corpuscles that aid in fighting infections. Thrombocytopenia can occur, causing a decrease in the number of blood platelets needed for clotting of blood.)

XXIII. Nursing responsibilities for caring for patients receiving chemotherapy

A. Know the side effects and toxic effects of the drug, and observe patient closely

B. Assess patient's appearance and emotional status; treat problems as early as possible

EXAMPLES: Weight loss, anorexia, depression

C. Encourage patient to eat a well-balanced diet that includes an increased fluid intake and a reduced sodium intake

(CAUTION: Be aware of any food intolerances and contraindications for certain foods.)

D. Observe for any signs of infection

EXAMPLES: Fever, sore throat, chills

E. Treat side effects of drugs symptomatically

EXAMPLES: Order a soft, bland diet if patient suffers from stomatitis; provide for frequent rinses of warm water if dryness of mucosa occurs.

F. Provide emotional assurance to patient, and counsel patient on possible reactions to the illness and the impact of the therapy

EXAMPLES: Patients having a difficult time with body image changes, hair loss, and changes in body functions

INFORMATION SHEET

G. Observe for hematological side effects and report to physician

EXAMPLES: Increased bleeding of gums, bruising

XXIV. Active and passive immunotherapies

(NOTE: Bacillus Calmette-Guerin [BCG], Corynebacterium parvum [C parvum], Levamisole, Methanol-extracted residue of BCG [MER], transfer factor, immune RNA [I-RNA], and Thymosin are some of the agents now being used in immunotherapy.)

A. Active

1. Active immunotherapy — Administration of a specific antigen intended to develop an immune response in the host

EXAMPLES: Polio and tetanus vaccines are used in the general population; vaccines from modified tumor cells or tumor antigens are used in the cancer population to treat or prevent a recurrence of the disease.

2. Active nonspecific immunotherapy — Administration of live bacteria or their products or chemical agents to stimulate the immune system

EXAMPLES: BCG, C parvum, Levamisole

B. Passive

1. Passive immunotherapy — Administration of antitumor sera, lymphocyte transfusions from healthy donors, or use of such techniques as plasmapheresis

(NOTE: Plasmapheresis is accomplished by taking blood from a donor, separating out the plasma by centrifuge, and then reinjecting the packed cells into the donor in a saline solution. The process is used to remove the substances in the plasma that cause immunosuppression in the person being treated.)

2. Passive specific immunotherapy — Administration of a specific serum into the person to attempt to stimulate antitumor antibodies

EXAMPLES: Serum from persons in remission from a specific disease is injected into other patients with the same disease.

3. Passive nonspecific immunotherapy — Administration of a serum collected from healthy individuals into a person with cancer

EXAMPLE: Injection of serum from healthy individuals into those persons having chronic lymphocytic leukemia who lack the normal ability to produce their own antibodies

INFORMATION SHEET

4. Passive adoptive immunotherapy — Administration of the "transfer factor," extracted stimulated lymphocytes, into person in order to transfer specific delayed hypersensitivity to other lymphocytes

   (NOTE: This process is being researched in depth at this time. The "transfer factor" must come from a person who has been in long-time remission from the illness.)

XXV. Pain management techniques

(NOTE: For many patients, the fear of death is not their biggest fear. The fear of suffering and pain throughout their illness is their main concern. Nurses must learn to assess the patient's pain and manage it accordingly.)

A. Physical interruption of pain pathways

1. Nerve block — Injecting alcohol or phenol into nerve path around cancer tissue

2. Acupuncture — Passing long thin needles through skin to specific points; needles are twirled or used to conduct a weak electrical current to affected areas

   (NOTE: This technique has not been the most successful method, but its use is still being studied.)

3. Cordotomy — Sectioning spinal cord to interrupt nerve pathway

   (NOTE: An open cordotomy requires surgery to the upper thoracic or cervical levels and will only relieve the aching pain. A percutaneous cordotomy can be done by introduction of a probe that cauterizes areas. It is performed under x ray and is as successful as the first method.)

4. Transcutaneous nerve stimulation — Transmitting electrical current through electrodes strapped or taped to the body over affected area

   (NOTE: Patient is able to control the output of current to the affected area. Side effects are skin reactions and burns at the site.)

B. Analgesics — Administering nonnarcotic or narcotic drugs to control or manage pain

(NOTE: The use of drugs to control pain should be carefully planned. The type of drug, amount, and the administration route should be considered when all other methods fail.)

C. Psychological

(NOTE: The treatment of cancer with psycholcgical methods has been divided into two categories. The first method is directed at the cure of cancer itself, therefore relieving the pain. The second method is aimed at relieving the symptoms of cancer including the pain.)

INFORMATION SHEET

1. Imagery — Using inner visualization, combined with relaxation techniques, to reduce the amount of pain

   (NOTE: Imagery asks patients to practice methods of relaxation while visualizing their body responses to the cancer. Research and practice are only experimental at this stage.)

   EXAMPLE: Visualizing the white cells doing battle with the malignant cells, and the red blood cells building their body strength to fight the cancer

2. Biofeedback — Using distraction, self-hypnosis, and conditioning of body to help patient manage pain and reduce anxiety

   (NOTE: Biofeedback has been used with success in many conditions including cancer. Patients are taught relaxation techniques and control of body functions. This method is experimental and more research is being conducted to study its effectiveness.)

XXVI. Role of the hospice in treating cancer patients

A. Provides a home care program and a special inpatient facility for dying patients

B. Uses a team approach in assisting patients and families in coping with cancer and impending death

   EXAMPLES: Nurses, social workers, clergy, lay volunteers, physicians

C. Focuses on palliative or supportive treatment, control of pain, and teaching families how to care for the patients

XXVII. Guidelines used in dealing with cancer quackery

(NOTE: Each year, people spend millions of dollars in a frantic search for cures for cancer. Often these methods of treatment are very unorthodox and unsafe. The media misleads persons into believing that these methods will bring instant cure and relief and prevent further cancers.)

A. Use discretion when patients ask questions concerning new unproven methods

   (NOTE: There have been cases where nurses unknowingly have discussed unorthodox treatments with patients and have not realized that the patient in his or her desperation took what was said as positive and discontinued the standard treatments in search of other methods. Care must be taken when patients want to discuss unproven treatment information.)

INFORMATION SHEET

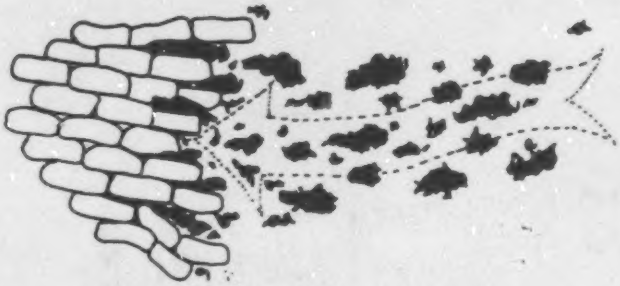
B. Convey to patients that the treatments they are receiving have value

C. Encourage patients to take a positive outlook about the treatments they are receiving and to consider their treatment as the most important factor in their recovery

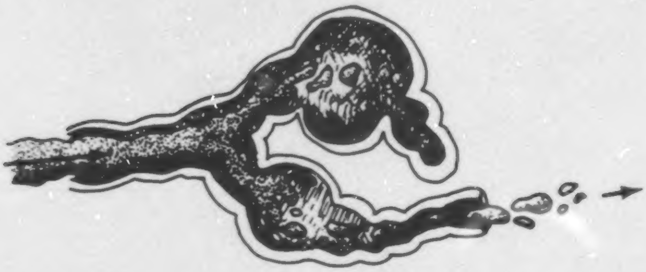
D. Be aware of where to seek information concerning current facts on unproven methods of cancer management

EXAMPLES: American Medical Association, Food and Drug Administration, National Cancer Institute, U.S. Customs Service, American Cancer Society

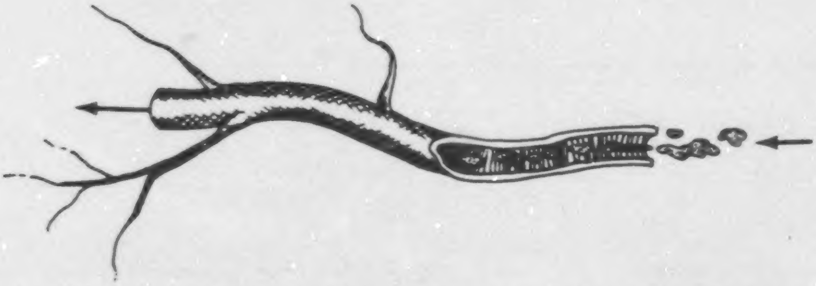
Metastasis



Extension Directly
into Nearby Organ or Tissue



Spread Through Lymph System



Spread Through Circulatory System

INTRODUCTION TO ONCOLOGIC NURSING
UNIT IV

ASSIGNMENT SHEET #1 — RECOMMEND RESOURCES FOR ONCOLOGY PATIENTS

NAME ______________________________ SCORE ____________

You may be a nurse in a large metropolitan population or in a smaller rural area where you are caring for oncologic patients. These patients will need to know where they can go for assistance and support throughout their illnesses. You may be the one asked to contact a local or even a state support group or agency that can assist your patient. To be able to refer your patient, you will need to know the name of the group, its functions, and the contact person(s). *The Cancer Resource Guide* from the Oklahoma Division of the American Cancer Society is a good resource to use.

In this assignment sheet you are asked to be the resource person for the following patients you may have in your community. Complete the information and hand in the assignment sheet to the instructor for evaluation.

Patient #1

Josie Miller is a ten-year-old patient who has been diagnosed as having chronic granulocytic leukemia. Her course of treatment has been discussed with her parents by the local physician. Josie's parents both work and have three other children. They are distraught by the news of their daughter's illness and turn to you for help.

A. What resource group(s) could you contact?

____

____

____

____

B. What functions or resources could these groups provide for Josie and her family?

____

____

____

____

____

ASSIGNMENT SHEET #1

C. How could you help the Millers in this time of need?

Patient #2

Helen Englemen is a thirty-six-year-old female who underwent a radical mastectomy for cancer in her left breast. She is two days postoperative, and her recovery has been without complications. Her physician has recommended that she inquire into a support group for assistance. She has come to you for advice and information.

A. What resource group(s) could you contact?

B. What functions or resources could these groups provide for Ms. Englemen?

C. How could you be of help to Ms. Englemen at this time?

ASSIGNMENT SHEET #1

Patient #3

John Darcy is a fifty-four-year-old attorney who is recovering two days postoperatively from removal of a cancerous obstruction of the colon and a permanent colostomy. Mr. Darcy has had some difficulty accepting his condition and now his surgical treatment. The physician has decided on adjunct therapy using radiation. Mr. Darcy is concerned about his future and is quite depressed about the appearance of his colostomy. He has turned to you for assistance.

A. What resource group(s) could you contact?

B. What functions or resources could these groups provide for Mr. Darcy?

C. How could you be of help to Mr. Darcy at this time?

INTRODUCTION TO ONCOLOGIC NURSING
UNIT IV

ASSIGNMENT SHEET #2 — PLAN CARE FOR AN ONCOLOGY PATIENT

NAME ______________________________ SCORE ______________

Oncologic nursing is a specialty area because of the many needs, problems, and concerns that cancer patients deal with daily and for the rest of their lives. A nurse who cares for these patients must spend a great deal of time planning programs and routines for meeting physical and emotional needs and for intervening when problems or complications occur.

This unit gave an overview of how nurses can meet the needs of oncology patients and their families. This assignment sheet provides information relevant to a patient's case. Use the care plan provided or use one provided by your instructor. Hand in the completed assignment sheet to the instructor for evaluation.

Case Study

Bill Collins, a forty-nine-year-old male, came to his physician with complaints of persistent hoarseness and difficulty in swallowing. He is employed as a teacher of social studies at a local high school. His wife is employed as a receptionist at a local firm, and they have three small children. Mr. Collins' family physician referred him to another physician, Dr. Brothers, for a more complete exam. Dr. Brothers performed a laryngoscopy and biopsy and confirmed a diagnosis of cancer of the larynx.

Mr. Collins has been assigned to you on the day before his laryngectomy. His wife is at his bedside, and they are discussing their medical insurance when you enter the room. Mr. Collins complains of sore throat from the laryngoscopy and asks for ice water.

Plan your care based on the knowledge that Mr. Collins will be going to surgery in the morning and that you will need to provide patient teaching of what to expect before and after surgery. You may need to obtain from texts more information on cancer of the larynx and laryngectomy to plan your care. Answer the following questions and then complete the care plan at the end of the assignment sheet according to anticipated nursing interventions for a patient who has had a laryngectomy.

A. How would you explain to Mr. Collins and his wife what will take place in surgery?

____

____

____

B. What questions would you expect Mr. Collins and his wife to ask?

____

____

____

____

ASSIGNMENT SHEET #2

C. What information would you give Mr. Collins and his wife that would help them in the postoperative period?

D. What resource group(s) could be contacted for assistance?

E. What type of assistance could you give Mr. Collins and his wife at this time?

F. What type of complications or problems might occur postoperatively? How would you intervene?

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ASSIGNMENT SHEET #2

(Cut here)

DIET:

NOURISHMENT OR SPECIAL FEEDING

INTAKE

OUTPUT

ACTIVITIES:

- ____ Complete bed rest
- ____ Bed rest
- ____ Bathroom privileges
- ____ Up ad lib

BATH:

- ____ Bathe patient
- ____ Partial
- ____ Bathe self
- ____ Tub
- ____ Shower

TRAVEL:

- ____ Wheelchair
- ____ Stretcher
- ____ Ambulatory

POSITION:

SIDERAILS:

- ____ Constantly
- ____ Nights only
- ____ Siderail Release

OXYGEN:

- ____ Liters per minute
- ____ PRN
- ____ Tent
- ____ Mask
- ____ Constantly
- ____ Catheter
- ____ Cannula

SPECIAL EQUIPMENT:

PROSTHESIS:

- ____ Dentures
- ____ Eye
- ____ Contact Lens
- ____ Limb

ALLERGIES:

SPECIAL PRIVILEGES:

WEIGHT ____

TEMP. ____

TIMES ____

- ____ ORAL
- ____ RECTAL
- ____ AUX.

(Fold here)

DATE	TREATMENTS
PRN	

ROOM NAME DIAGNOSIS DOCTOR

304-A

ASSIGNMENT SHEET #2

(Fold here)

NURSING CARE PLAN

GOAL: ____________________

DATE	PROBLEMS and NEEDS	APPROACH
	DISCHARGE GOALS:	

Age Birth Date S M D W Religion Profession Adm. Date

(Cut here)

INTRODUCTION TO ONCOLOGIC NURSING
UNIT IV

ANSWERS TO ASSIGNMENT SHEETS

Assignment Sheet #1 — Evaluated to the satisfaction of the instructor

Assignment Sheet #2 — Evaluated to the satisfaction of the instructor

PN III - 307-A

INTRODUCTION TO ONCOLOGIC NURSING
UNIT IV

TEST

NAME ______________________________ SCORE ______________

1. Match to their correct definitions terms associated with oncologic nursing. Write the correct numbers in the blanks.

______a. Study or science of neoplastic growth

______b. New growth of abnormal tissues or cells; tumor

______c. Pertaining to or denoting progressive growth of certain tumors that may spread to other sites

______d. Not malignant or recurrent

______e. A malignant tumor; comprises a broad group of malignant neoplasms

______f. Process by which cancer cells break away and spread to other places in the body

______g. Abnormal thickening and whitening of the epithelium of a mucous membrane

______h. Removal of a piece of tissue for diagnostic study

______i. Radioactive form of a chemical

______j. Treatment of cancer with any kind of radiation, including use of roentgen or x rays, radium, and other radioactive materials

______k. Abatement of symptoms

______l. Treatment of disease with highly toxic chemical agents that are destructive to cells

______m. Agent with ability to damage or destroy cells

______n. Experimental method of treating cancer with substances that stimulate the body's own immune system

1. Cancer chemotherapy
2. Leukoplakia
3. Oncology
4. Immunotherapy
5. Cancer
6. Radiotherapy
7. Benign
8. Cytotoxin
9. Metastasis
10. Remission
11. Neoplasm
12. Biopsy
13. Malignant
14. Radioisotope

TEST

2. Select from the following list warning signals of cancer. Write an "X" in the blank before each correct answer.

______a. Change in bowel or bladder habits

______b. A sore that does not heal

______c. Peripheral cyanosis

______d. Unusual bleeding or discharge

______e. Insomnia

______f. Thickening or lump in breast or elsewhere

______g. Indigestion or difficulty swallowing

______h. Obvious change in wart or mole

______i. Vertigo

______j. Nagging cough or hoarseness

3. List factors that contribute to the development of neoplastic diseases.

a. ____

b. ____

c. ____

d. ____

e. ____

4. Match to their correct descriptions methods used to diagnose neoplastic disorders. Write the correct numbers in the blanks.

______a. Removal of tissue, using a needle and syringe

______b. Removal of tissue and the edge of adjoining skin or mucosa from a suspect area, using a knife or a punch instrument

______c. Removal of entire tumor or areas of tissue through a surgical incision

______d. Study of smears of suspected cells from washings or scrapings

1. Excisional biopsy
2. Incisional biopsy
3. Cytology
4. Needle aspiration biopsy

TEST

_____e. Study of tissue taken from patient while still in the operating room to diagnose cancer and to confirm the adequacy of surgical excision

_____f. Study of various parts of the body to visualize cancerous growth

_____g. Check of blood components to determine whether cancerous cells have recurred or metastasized to other areas

_____h. Common procedures used in physicals or other diagnostic tests

5. Routine examinations
6. Radiology
7. Frozen section
8. Laboratory blood studies

5. State nursing responsibilities in preparing patients for diagnostic tests.

a. ____

____

b. ____

____

c. ____

____

6. Distinguish between benign and malignant tumors. Write a "B" for benign and an "M" for malignant.

_____a. Carcinomas

_____b. Adenoma

_____c. Angioma

_____d. Squamous cell carcinoma

_____e. Sarcomas

_____f. Chondroma

_____g. Liposarcoma

_____h. Leukemia

TEST

______i. Fibroma

______j. Lipoma

______k. Myoma

______l. Melanoma

______m. Adenocarcinoma

______n. Osteogenic sarcoma

______o. Nevus

______p. Basal cell carcinoma

______q. Multiple myeloma

______r. Osteoma

______s. Papilloma

______t. Lymphosarcoma

______u. Lymphoma

7. Distinguish among characteristics of benign and malignant tumors. Write a "B" for benign and a "M" for malignant.

______a. Grow slowly

______b. May recur after removal

______c. Grow rapidly

______d. Usually show no recurrence after removal

______e. Are harmful to host

______f. Remain localized

______g. Are rarely enclosed in a capsule

______h. Infiltrate surrounding tissues

______i. Are almost always enclosed in a capsule

______j. Do not infiltrate surrounding tissues

TEST

_____k. Are not usually harmful to host

_____l. Lead to various prognoses, depending on type of tumor and its location, speed of diagnosis, and occurrence of metastasis

_____m. Spread from original site by metastasis

_____n. Almost always lead to good prognosis

8. State reasons why cancer has an emotional impact.

a. ____________________

____

b. ____________________

____

c. ____________________

____

d. ____________________

____

e. ____________________

____

9. List cancers found in pediatric patients.

a. ____________________

b. ____________________

c. ____________________

d. ____________________

e. ____________________

f. ____________________

10. State nursing responsibilities for assisting patients and families throughout an oncologic illness.

a. ____________________

____

TEST

b. ______________________________

____

c. ______________________________

____

11. Select from the following list ways that metastasis occurs. Write an "X" in the blank before each correct answer.

______a. Extension via neuromuscular junctions

______b. Extension directly into nearby organ or tissue

______c. Spread through lymphatic vessels or lymph nodes

______d. Spread via lipoproteins

______e. Spread through circulatory system

12. List current treatments used in oncologic nursing.

a. ______________________________

b. ______________________________

c. ______________________________

d. ______________________________

13. Match to their correct descriptions types of therapies used in treating cancer. Write the correct numbers in the blanks. Descriptions are continued on the next page.

______a. Use of two or more types of treatment to achieve optimum results

______b. Use of chemotherapy and/or radiation treatment after surgery in an attempt to destroy or control any remaining tumor cells

______c. Initial use of intensive chemotherapy to cause a complete remission

______d. Use of continued intensive treatment after complete remission in case there is still a cell population present that does not show clinically

1. Induction therapy
2. Palliative therapy
3. Combination therapy
4. Consolidation therapy
5. Adjuvant therapy
6. Maintenance therapy

TEST

_____e. Use of continued chemotherapy to prolong remission

_____f. Use of any treatment that affords relief but not cure

14. Match methods of surgical treatment to their correct descriptions. Write the correct numbers in the blanks.

_____a. Removal of precancerous lesions

_____b. Removal of cancerous growth and surrounding tissue to prevent metastasis

_____c. Removal of an endocrine gland that stimulates cancer growth, removal of an obstruction, or administration of a nerve block to relieve pain

1. Definitive and/or radical
2. Palliative
3. Prophylactic

15. State nursing responsibilities for assisting patients undergoing surgery for treatment of cancer.

a. ____

____

b. ____

____

c. ____

____

d. ____

____

16. Select from the following list basic concepts of radiotherapy. Write an "X" in the blank before each correct answer.

_____a. Radiotherapy affects tissues by altering the chemical structure and the behavior of atoms in the cells; even in small doses, it is somewhat injurious to all cells

_____b. Radiotherapy improves hormonal transportation

_____c. Radiotherapy uses radium, which is naturally radioactive

TEST

_____d. Radiotherapy uses other elements that have been made radioactive

_____e. Radiotherapy builds extracellular structures

17. Describe methods of treating patients with radiotherapy.

a. External — ______________________________

____

b. Internal — ______________________________

____

18. State nursing responsibilities for caring for patients undergoing radiotherapy.

a. ______________________________

____

b. ______________________________

____

c. ______________________________

____

d. ______________________________

____

e. ______________________________

____

f. ______________________________

____

g. ______________________________

____

TEST

19. Select from the following list safety guidelines to follow when providing care for patients receiving internal radiotherapy. Write an "X" in the blank before each correct answer.

_____a. Dispose of all body secretions in lead containers

_____b. Limit amount of time caregiver spends in patient's room

_____c. Limit visitors to thirty minutes a day at a 6-foot distance; post radiation signs outside room or have visitors check at nurses' desk for information

_____d. Discourage young children, young women, or pregnant women from entering room

_____e. Place all patients in strict isolation

_____f. Wear a radiation badge if it is necessary to spend a long period of time in room

_____g. Follow all guidelines from the radiotherapy department in the care of patients with different types of implants

_____h. Provide protection shields for all persons entering patient's room

_____i. Call the radiation safety officer or the radiotherapist immediately if you think a radiation accident has occurred, and follow their instructions; do not panic

20. Match current chemotherapy agents to their correct actions. Write the correct numbers in the blanks.

_____a. Disrupt cell growth and division by damaging DNA within the nucleus

_____b. Suppress tumor growth by altering existing hormonal states

_____c. Interrupt the manufacture of certain products of metabolism needed for cell function

_____d. Attack microorganisms found in tumor masses by rendering a bactericidal or bacteriostatic effect

_____e. Arrest growth of cells by interfering with the reproduction stage

1. Plant alkaloids
2. Steroids
3. Alkylating agents
4. Antibiotics
5. Antimetabolites

TEST

21. Select from the following lists side effects associated with the administration of chemotherapy. Write an "X" in the blank before each correct answer.

______a. Nausea, vomiting, and diarrhea

______b. Dry mouth, dry throat, and stomatitis

______c. Excessive weight gain, excluding edema

______d. Tendency to retain fluids

______e. Hypertrophy of muscles

______f. Personality changes

______g. Sex-related changes

______h. Depression of bone marrow and tendencies for infection and bleeding

______i. Increase in tactile senses

______j. Loss of hair (alopecia)

______k. Toxicity to the drug

______l. Increase in visual acuity

______m. Loss of appetite

22. Match to their correct descriptions complications related to the use of chemotherapy agents. Write the correct numbers in the blanks.

______a. Abnormal amount of uric acid in the urine; causes breakdown of nucleoproteins in the tumor cells and can cause serious or irreversible kidney failure

______b. Inability of patient's immune system to fight infections

______c. Bone marrow suppression that causes leukopenia, anemia, and thrombocytopenia

1. Myelosuppression
2. Hyperuricemia
3. Immunosuppression

23. State nursing responsibilities for caring for patients receiving chemotherapy.

a. ____

____

TEST

b. ____

____

c. ____

____

d. ____

____

e. ____

____

f. ____

____

g. ____

____

24. Match active and passive immunotherapies to their correct descriptions. Write the correct numbers in the blanks.

_____a. Administration of a specific antigen intended to develop an immune response in the host

_____b. Administration of live bacteria or their products or chemical agents to stimulate the immune system

_____c. Administration of antitumor sera, lymphocyte transfusions from healthy donors, or use of such techniques as plasmapheresis

_____d. Administration of a specific serum into the person to attempt to stimulate antitumor antibodies

_____e. Administration of a serum collected from healthy individuals into a person with cancer

_____f. Administration of the "transfer factor," extracted stimulated lymphocytes, into person in order to transfer specific delayed hypersensitivity to other lymphocytes

1. Passive immunotherapy
2. Active immunotherapy
3. Passive adoptive immunotherapy
4. Active nonspecific immunotherapy
5. Passive nonspecific immunotherapy
6. Passive specific immunotherapy

TEST

25. Match pain management techniques to their correct descriptions. Write the correct numbers in the blanks.

_____a. Injecting alcohol or phenol into nerve path around cancer tissue

_____b. Passing long thin needles through skin to specific points; needles are twirled or used to conduct a weak electrical current to affected areas

_____c. Sectioning spinal cord to interrupt nerve pathway

_____d. Transmitting electrical current through electrodes strapped or taped to the body over affected area

_____e. Administering nonnarcotic or narcotic drugs to control or manage pain

_____f. Using inner visualization, combined with relaxation techniques, to reduce amount of pain

_____g. Using distraction, self-hypnosis, and conditioning of body to help patient manage pain and reduce anxiety

1. Acupuncture
2. Biofeedback
3. Transcutaneous nerve stimulation
4. Nerve block
5. Imagery
6. Cordotomy
7. Analgesics

26. Describe the role of the hospice in treating cancer patients.

a. ____

____

b ____

____

c. ____

____

27. State guidelines used in dealing with cancer quackery.

a. ____

____

TEST

b. ____

____

c. ____

____

d. ____

____

(NOTE: Test questions 28 and 29 list the assignment sheets. They are an important part of this test. If they have not been completed, check with your instructor.)

28. Recommend resources for oncology patients.

29. Plan care for an oncology patient.

INTRODUCTION TO ONCOLOGIC NURSING
UNIT IV

ANSWERS TO TEST

1. a. 3
   b. 11
   c. 13
   d. 7
   e. 5
   f. 9
   g. 2
   h. 12
   i. 14
   j. 6
   k. 10
   l. 1
   m. 8
   n. 4

2. a, b, d, f, g, h, j

3. a. Benign tumor that tends to become malignant
   b. Chronic irritation
   c. Heredity
   d. Exposure to specific agents (carcinogens)
   e. Viral infection

4. a. 4
   b. 2
   c. 1
   d. 3
   e. 7
   f. 6
   g. 8
   h. 5

5. a. Explain procedure clearly to patient and family
   b. Provide pictures or drawings, or show equipment, to prepare patients for the type of diagnostic procedure to be used
   c. Prepare area to be tested according to physician's instructions

ANSWERS TO TEST

6.	a.	M	h.	M	o.	B
	b.	B	i.	B	p.	M
	c.	B	j.	B	q.	M
	d.	M	k.	B	r.	B
	e.	M	l.	M	s.	B
	f.	B	m.	M	t.	M
	g.	M	n.	M	u.	M

7.	a.	B	f.	B	k.	B
	b.	M	g.	M	l.	M
	c.	M	h.	M	m.	M
	d.	B	i.	B	n.	B
	e.	M	j.	B		

8. a. Fear of pain or death from cancer

   b. Fear of body image changes or mutilation from surgery, chemotherapy, or radiotherapy causing rejection by loved ones

   c. Prospect of a long period of rehabilitation with no guarantee that cancer will not recur

   d. Concern about financial affect of costly diagnostic tests, treatment, and rehabilitation

   e. Change of patient's role in family

9. a. Leukemias

   b. Lymphomas

   c. Wilms' tumors

   d. Osteogenic sarcomas

ANSWERS TO TEST

- e. Neuroblastomas
- f. Brain tumors

10. a. Assist patients and families in understanding the diagnosis and treatment and the effects on their lives
    - b. Help patients maintain dignity and self-respect throughout illness
    - c. Refer patients and their families to support groups that can give support in a variety of ways

11. b, c, e

12. a. Surgery
    - b. Radiotherapy
    - c. Chemotherapy
    - d. Immunotherapy

13. a. 3
    - b. 5
    - c. 1
    - d. 4
    - e. 6
    - f. 2

14. a. 3
    - b. 1
    - c. 2

15. a. Give patient all the emotional support you can at this critical time
    - d. Explain any procedures well in advance and allow patient to ask questions and vent feelings
    - c. Prepare patient and family for physical and emotional changes throughout the surgery and rehabilitation period
    - d. Spend a great deal of time in preoperative teaching

ANSWERS TO TEST

16. a, c, d

17. Description should include the following
    a. External — Radiation is delivered from a machine directed at the part of the body receiving treatment
    b. Internal — Radiation is delivered by radioactive material placed into body cavity as close as possible to tumor

18. a. Explain to patient what will take place during the therapy, and allow patient to ask questions and vent feelings
    b. Observe patient closely for radiation reactions that may occur during or after therapy
    c. Never remove any skin markings made to indicate area to be treated; after therapy, protect skin from heat, cold, irritating soaps, or friction
    d. Observe and check any laboratory blood studies for deviations in cell counts because radiotherapy patients are prone to depressed bone marrow states that could cause serious complications
    e. Encourage a well-balanced diet with an increase in fluid intake; keep an accurate intake and output record
    f. Encourage patient and family to follow instructions for home care and to observe for any symptoms or problems related to therapy
    g. Assist families in obtaining further care from community resources as needed

19. b, c, d, f, g, i

20. a. 3
    b. 2
    c. 5
    d. 4
    e. 1

21. a, b, d, f, g, h, j, k, m

22. a. 2
    b. 3
    c. 1

ANSWERS TO TEST

23. a. Know the side effects and toxic effects of the drug, and observe patient closely
    b. Assess patient's appearance and emotional status; treat problems as early as possible
    c. Encourage patient to eat a well balanced diet that includes an increased fluid intake and reduced sodium intake
    d. Observe for any signs of infection
    e. Treat side effects of drugs symptomatically
    f. Provide emotional assurance to patient, and counsel patient on possible reactions to the illness and the impact of the therapy
    g. Observe for hematological side effects and report to physician

24.

a.	2	d.	6
b.	4	e.	5
c.	1	f.	3

25.

a.	4	e.	7
b.	1	f.	5
c.	6	g.	2
d.	3		

26. a. Provides a home care program and a special inpatient facility for dying patients
    b. Uses a team approach in assisting patients and families in coping with cancer and impending death
    c. Focuses on palliative or supportive treatment, control of pain, and teaching families how to care for the patients

27. a. Use discretion when patients ask questions concerning new unproven methods
    b. Convey to patients that the treatments they are receiving have value
    c. Encourage patients to take a positive outlook about the treatments they are receiving, and to consider their treatment as the most important factor in their recovery

ANSWERS TO TEST

d. Be aware of where to seek information concerning current facts on unproven methods of cancer management

28. Evaluated to the satisfaction of the instructor

29. Evaluated to the satisfaction of the instructor

ASSESSMENT AND MANAGEMENT OF DISEASES AND DISORDERS OF THE INTEGUMENTARY SYSTEM
UNIT V

UNIT OBJECTIVE

After completing this unit. the student should be able to plan care for patients with diseases and disorders of the integumentary system. The student will show this knowledge by completing the assignment sheet and unit test with a minimum score of 85 percent.

SPECIFIC OBJECTIVES

After completing this unit, the student should be able to

1. Match to their correct definitions terms associated with skin disorders.
2. List causes of skin disorders.
3. List general types of diseases and disorders affecting the integumentary system.
4. Match types of primary and secondary skin lesions to their correct descriptions.
5. Match to their correct descriptions common bacterial and viral infections of the skin.
6. Identify common bacterial and viral infections of the skin according to their symptoms and interventions.
7. Identify common fungal infections of the skin according to their symptoms and interventions.
8. Match to their correct descriptions common noninfectious diseases and disorders of the skin.
9. Identify common noninfectious diseases and disorders of the skin according to their symptoms and interventions.
10. Match to their correct descriptions malignant and precancerous lesions of the skin.
11. Identify malignant and precancerous lesions of the skin according to their symptoms and interventions.
12. Identify according to their symptoms and interventions common diseases and disorders due to parasites and insects.
13. Select from a list general nursing responsibilities for caring for patients with dermatologic diseases and disorders.

OBJECTIVE SHEET

14. Describe diagnostic tests and procedures used in the treatment of allergies.
15. Describe the treatment of urticaria and anaphylaxis in allergic reactions.
16. Distinguish among characteristics of classes of burns.
17. Match to their correct descriptions healing stages of burn lesions.
18. Describe methods of treatment for burns.
19. State emergency actions in treating burn victims.
20. Describe nursing responsibilities and interventions for the treatment of the burn patient.
21. Match to their correct descriptions common grafts used in treating burn patients.
22. Plan care for a burn patient.

ASSESSMENT AND MANAGEMENT OF DISEASES AND DISORDERS OF THE INTEGUMENTARY SYSTEM
UNIT V

SUGGESTED ACTIVITIES

I. Unit contents

  A. Objective sheet

  B. Suggested activities

  C. Information sheet

  D. Transparency masters

    1. TM #1 — Estimation of Burn Wound Size

    2. TM #2 — Burn Evaluation

    3. TM #3 — Burn Evaluation (Continued)

  E. Assignment Sheet #1 — Plan Care for a Burn Patient

  F. Answers to assignment sheet

  G. Test

  H. Answers to test

II. Instructor's guide

  A. Introduce unit by reviewing anatomy and physiology of the integumentary system and the functions of this system.

  SUGGESTION:

  - Give pretest on normal anatomy and physiology of the integumentary system (use test from "The Integumentary System," Unit VI in *Practical Nursing, Volume I*).

  B. Provide students with objective sheet.

  C. Discuss unit and specific objectives.

  D. Provide students with information and assignment sheets.

  E. Discuss information and assignment sheets.

    1. Discuss Information Sheet, Sections I through III. Focus on the general types of skin diseases and disorders, and give examples of their causes.

    SUGGESTIONS:

    - Make a bulletin board with pictures or current articles related to skin diseases and disorders.

SUGGESTED ACTIVITIES

- Ask students to find current articles in newspapers or magazines that discuss skin diseases or disorders and new treatments. Have students report their findings to the class.

2. Reinforce Information Sheet, Section IV by showing pictures of the different lesions to help students distinguish among the types and to aid students in using the correct terminology.

   SUGGESTION:

   - Use journals or periodicals to obtain pictures of all the types of lesions. Use pictures to develop a flip chart for students to use in identification.

3. Emphasize preventing the spread of bacterial, viral, and fungal infections of the skin. Use Information Sheet, Sections V through VII.

   SUGGESTION:

   - Review the various types and methods of aseptic and isolation techniques to prevent the spread of infection.

4. Discuss Information Sheet, Sections VIII and IX. Stress the emotional support needed by patients who are suffering from skin diseases and disorders, especially those that are chronic or disfiguring.

   SUGGESTION:

   - Have students discuss common reactions to various skin diseases and disorders that are chronic and disfiguring.

5. Discuss Information Sheet, Sections X and XI. Emphasize the importance of recognizing malignant and precancerous lesions early for successful treatment and cure.

   SUGGESTION:

   - Invite a dermatologist to discuss malignant and precancerous lesions and the most current forms of treatment.

6. Discuss Information Sheet, Section XII. Focus on the differences in the treatment for parasite and insect infestation.

   SUGGESTIONS:

   - Show pictures of types of insect infestations and discuss methods of diagnosing the various types.

SUGGESTED ACTIVITIES

- Obtain samples or package inserts from the various substances used to treat parasite infestations. Demonstrate application procedures.

7. Discuss Information Sheet, Section XIII. Emphasize the important responsibilities of the nurse in direct patient care and in patient education in caring for the patient with dermatologic diseases and disorders.

   SUGGESTIONS:

   - Review skills in applying topical medications.
   - Discuss the importance of teaching the treatment of skin problems and the prevention of further complications to patients and their families.

8. Discuss Information Sheet, Sections XIV and XV. Emphasize the seriousness of allergies and the complications that may result if an allergic reaction occurs.

   SUGGESTIONS:

   - Arrange a visit to an allergy clinic to observe the various diagnostic tests performed to identify allergens.
   - Invite an allergist to speak to the class about various types of allergies and new treatments available.
   - Review the administration of injections used for desensitizations and the importance of monitoring patients closely.

9. Discuss Information Sheet, Sections XVI through XXI, stressing that immediate care of burn victims may be the deciding factor in the severity of the injury.

   SUGGESTIONS:

   - Invite a burn nurse to speak to the class about care of burn patients and that nursing specialty.
   - Arrange to tour a burn center to observe the types of treatment for burns and the nursing care given.
   - Demonstrate the use of the charts on Transparencies #1 through #3 in the assessment of burns.
   - Use Assignment Sheet #1 to allow students to practice planning care for a burn patient.

SUGGESTED ACTIVITIES

F. Give test.

G. Reteach and retest if necessary.

III. Unit references

A. Hood, Gail H., and Judith R. Dincher. *Total Patient Care.* St. Louis, Missouri: The C. V. Mosby Company, 1980.

B. Rogers, Helen V. *Nursing III: A Course of Study.* Stillwater, Oklahoma: State Department of Vocational and Technical Education/Curriculum and Instructional Materials Center, 1976.

C. Rosdahl, Caroline Bunker. *Textbook of Basic Nursing.* Philadelphia: J. B. Lippincott Company, 1981.

D. Scherer, Jeanne. *Introductory Medical-Surgical Nursing.* Philadelphia: J. B. Lippincott Company, 1977.

E. Whaley, Lucille F., and Donna L. Wong. *Essentials of Pediatric Nursing.* St. Louis, Missouri: The C. V. Mosby Company, 1982.

ASSESSMENT AND MANAGEMENT OF DISEASES AND DISORDERS OF THE INTEGUMENTARY SYSTEM
UNIT V

INFORMATION SHEET

I. Terms and definitions

A. Dermatology — Study of diseases of the skin

B. Nevus (plural, nevi) — Congenital coloration of a circumscribed area of the skin; birthmark or mole

C. Tinea — Infectious fungal skin eruption characterized by the formation of vesicles with cracking and scaling

(NOTE: The type of infection is indicated by following *tinea* with the word for the affected area of the body [tinea barbae, tinea capitis, tinea corporis, tinea pedis]. Tinea also is commonly known as ringworm.)

D. Lesion — Circumscribed area of pathologically altered tissue

E. Circumscribed — Surrounded by a boundary

EXAMPLE: A vesicle seen in the early stage of chicken pox has a circumscribed area.

F. Purulent — Forming or containing pus

G. Erythema — Form of macula showing redness over the skin

H. Malaise — Discomfort, uneasiness, or vague sense of ill-being

I. Exfoliation — Scaling off of dead tissue

J. Comedo — Discolored dried sebum that plugs an excretory duct; blackhead

K. Excoriation — Abrasion of the body of trauma, chemicals, or burns

L. Exudate — Oozing fluid that moves through vessel walls into tissues

(NOTE: The fluid usually accumulates in a cavity.)

M. Cellulitis — Inflammation of cellular or connective tissues

N. Suppuration — Process of pus formation

O. Urticaria — Wheals or welts that usually have white elevated centers surrounded by erythema and that itch intensely; hives

INFORMATION SHEET

II. Causes of skin disorders
    A. Aging
    B. Allergy
    C. Drug idiosyncrasy
    D. Chemical or mechanical trauma
    E. Emotional stress

    EXAMPLE: Hives

    F. Extreme heat or cold

    EXAMPLE: Frostbite

    G. Nutritional deficiency
    H. Pathogen
    I. Insect or parasite

III. General types of diseases and disorders affecting the integumentary system
    A. Bacterial and viral infections
    B. Fungal infections
    C. Noninfectious disorders
    D. Malignant and precancerous lesions
    E. Parasite and insect infestations
    F. Allergic reactions
    G. Burns

IV. Types of skin lesions
    A. Primary
        1. Macule — Small, circumscribed, discolored spot
        2. Papule — Small, circumscribed elevated area that may be discolored
        3. Vesicle — Small elevation filled with clear fluid

INFORMATION SHEET

4. Nodule — Circumscribed solid elevation, usually involving deeper skin layers and subcutaneous tissue

5. Pustule — Small, circumscribed area containing pus

6. Bulla — Large elevation of the outer skin containing either serous or purulent fluid

7. Wheal — Circumscribed, transient elevation

B. Secondary

1. Excoriation — Break or abrasion in the skin surface

2. Crust — Dry exudate over a lesion

3. Keloid — Excessive scar formation in skin after trauma or surgical incision

4. Ulcer — Erosion of epidermis and part or all of underlying dermis

5. Scale — Outer layer of epithelium as it loosens from the skin surface

6. Fissure — Crack in the skin or mucous membrane, usually due to marked drying or long-standing inflammation

7. Keratosis — Circumscribed horny thickening of the skin

8. Gumma — Tumorlike lesion that is similar in appearance to an abscess

9. Plaque — Patch or abnormal flat area on skin

V. Common bacterial and viral infections of the skin

A. Bacterial

1. Furuncle — Acute, localized infection of tissue, skin, gland, or hair follicle

2. Furunculosis — Formation of multiple furuncles or outbreaks of rapidly recurring furuncles

3. Carbuncle — Extensive, deep infection of the skin and underlying tissues terminating in suppuration characterized by marked systemic symptoms

INFORMATION SHEET

4. Impetigo contagiosa — Acute infection characterized by formation of vesicles that rupture and form yellow crusts

5. Erysipelas — Acute cellulitis with a well-defined, slightly raised red area

6. Felon — Infection involving the soft tissue of the fingertip

7. Paronychia — Acute or chronic infection of the nail, usually caused by a bacterial infection

B. Viral

1. Herpes simplex — Thin-walled vesicles that form and recur where the mucous membrane joins the skin

2. Herpes zoster — Inflammation of the posterior root ganglia of only a few segments of the spinal or cranial nerves and occurrence of painful vesicular eruptions along the pathway of the nerve

3. Verruca — Tumor of the epidermis caused by papillomavirus

VI. Symptoms and interventions for common bacterial and viral infections of the skin (Table 1)

TABLE 1

Infection	Symptoms	Interventions
Bacterial		
Furuncles, furunculosis, and carbuncles (NOTE: The organisms usually involved are staph or strep.)	Swelling Localized pain Formation of one or more cores Purulent exudate	Apply warm, moist dressings to localize infection Administer prescribed antibiotics Assist with incision and drainage of lesion Wash hands before and after treating patient Use isolation technique Caution patient not to touch lesions Instruct patient and family in methods used to prevent reinfection

INFORMATION SHEET

Infection	Symptoms	Interventions
Impetigo contagiosa (NOTE: Strep and staph are the usual organisms involved.)	Vesicles that rupture and crust (usually around mouth or nose) Erythema	Use isolation technique Soften crusts with soap and water or oil before removal Apply prescribed antibiotic medications locally Administer prescribed antibiotics systemically Caution patient not to touch lesions Teach patient and family techniques of care
Erysipelas (NOTE: This condition usually occurs in persons with poor resistance to infection.)	Localized swelling and inflammation (usually on face) Chills and fever Vomiting Delirium	Administer prescribed antibiotics, analgesics, and antipyretics Isolate patient Encourage food and fluid intake Treat palliatively
Felon	Swelling and inflammation of soft tissue in the terminal joint of a finger	Apply warm, moist compresses or soaks Administer prescribed antibiotics Dress as indicated by physician
Paronychia	Pain and throbbing in affected finger Redness and swelling	Apply warm soaks Administer prescribed antibiotics Apply prescribed antibiotic ointments
Viral		
Verruca	Rough-surfaced skin with elevated areas over the body	Assist with removal, which is performed with a sharp curet under local anesthetic or by freezing with a carbon dioxide snow Explain procedure to patient Dress or treat wound as indicated by physician
Herpes simplex (cold sores)	Blister surrounded by red inflamed skin, usually on mouth or genitals	Treat symptoms Administer prescribed antibiotics appropriate for secondary infections Encourage balanced diet Caution patient not to touch lesions

INFORMATION SHEET

Infection	Symptoms	Interventions
Herpes zoster (shingles)	Painful vesicles erupted along affected nerve path Fever Malaise Neurological pains	Treat palliatively with prescribed analgesics, sedatives, steroids, and vitamins Apply prescribed local medications Tell patient to wear loose, nonirritating clothing

VII. Symptoms and interventions for common fungal infections of the skin (Table 2)

TABLE 2

Infection	Symptoms	Interventions
Tinea barbae (barbis itch)	Swollen facial tissue with softening of the hairs of the beard Itching of the beard area Enlargement of the lymph glands	Apply prescribed fungicidal ointment Administer prescribed oral antifungals Prevent reinfection by keeping skin and shaving equipment clean
Tinea pedis (athlete's foot)	Inflammation Peeling, cracking, and itching of areas between toes	Apply prescribed fungicidal ointments Instruct patient to wear cotton socks or stockings Instruct patient to expose feet to sunlight when possible Instruct patient to disinfect tub or shower Apply medicated powder between patient's toes after drying feet
Tinea capitis (head) and tinea corporis (body)	Small, reddish papules or vesicles in clusters or rings in affected area Pustules and scaling Profuse itching and loss of hair in affected areas	Remove infected hairs Apply prescribed topical fungicide Administer prescribed oral antifungal medications Instruct patient to disinfect clothing

VIII. Common noninfectious diseases and disorders of the skin

A. Psoriasis — Ideopathic, chronic, inflammatory skin disease specifically affecting the extensor surfaces of the body and scalp

INFORMATION SHEET

B. Exfoliative dermatitis — Dermatitis in which extensive involvement of the skin strips away tissue and hair

(NOTE: This condition may stem from a complication of eczema, psoriasis, or lymphoma diseases, or from a severe drug reaction.)

C. Acne vulgaris — Inflammatory condition of the sebaceous glands

(NOTE: Acne vulgaris is sometimes thought to be a result of the interplay between genetic, hormonal, bacterial, and dietary factors.)

D. Contact dermatitis — Dermatitis resulting from contact with a primary irritant or from sensitization to a substance

EXAMPLES: Plants, soaps, detergents, chemicals, cosmetics

E. Eczema or atopic dermatitis — Acute or chronic inflammatory disease of the skin; etiology unknown

(NOTE: This condition can occur soon after birth. Lesions may appear and disappear at intervals throughout life. Eczema may be related to heredity, allergy, emotional stress, or endocrine disorders.)

F. Seborrhea or seborrheic dermatitis — Acute, inflammatory disease usually occurring on oily skin areas with large sebaceous glands

G. Sebaceous cyst or wen — Saclike structure filled with sebum extending from a distended sebaceous gland

IX. Symptoms and interventions for noninfectious diseases and disorders of the skin (Table 3)

TABLE 3

Disease/Disorder	Symptoms	Interventions
Psoriasis	Irregularly shaped patches of dry, scaly lesions Itching in varying degrees	Apply prescribed topical ointments Instruct patient to avoid alcoholic beverages Administer prescribed systemic medication such as vitamin A, sedatives, antihistamines, or steroids (NOTE: Treatment can be used to control condition, but at this time there is no known cure.)

INFORMATION SHEET

Disease/Disorder	Symptoms	Interventions
Exfoliative dermatitis	Patchy or generalized erythematous eruptions Fever Malaise GI symptoms Scaling	Provide for bed rest Discontinue all previous medications Maintain fluid and electrolyte balance Give soothing baths Apply compresses or lotions Administer prescribed steroids and antibiotics
Acne vulgaris	Comedones, whiteheads, pustules, nodules, and cysts	Cleanse areas affected Apply a mild drying and peeling agent Expose areas to sunlight or ultraviolet light Administer prescribed long-term antibiotics and steroids Restrict foods that aggravate condition Assist with cosmetic surgery to remove severe acne scars
Contact dermatitis	Itching Burning Erythema Vesicles followed by weeping and crusting Edema Scaling or peeling of skin	Remove causative agent by washing Apply cool compresses Apply prescribed lotions and ointments
Eczema or atopic dermatitis	Dryness Excoriation Vesicles that crust and scale Itching Burning	Apply wet compresses or give colloid baths Administer prescribed antihistamines, tranquilizers, or sedatives Administer prescribed oral steroids for severe symptoms
Seborrhea or seborrheic dermatitis (dandruff)	Oily scalp with greasy scales Itching and irritation Swelling Redness Exudate	Cleanse regularly with antiseborrheic shampoo Apply prescribed antiseptic lotions or medicated ointments between shampoos Instruct patient to maintain balanced diet, regular exercise, and rest, and to avoid emotional stress
Sebaceous cyst or wen	Slow-growing, firm, elevated growth in epidermis	Assist with surgical excision if infection occurs

INFORMATION SHEET

X. Malignant and precancerous lesions of the skin

A. Basal cell carcinoma — Tumor cells occurring in the epidermis

(NOTE: This type of skin cancer occurs more frequently in the older person and is seen in the fair-skinned individual. Males are usually affected more often than females. Persons who have prolonged exposure to the sun are more likely to contract this type of cancer.)

B. Squamous cell carcinoma — Anaplastic cells that occur in the thin, flat layer of epithelium

(NOTE: The squamous cell carcinoma appears on the lower lip, ears, neck, dorsum of hands, and oral mucous membranes and on the glans penis in uncircumcised males. The growth rate is very rapid, and the cancer may metastasize to other areas.)

C. Melanoma — Malignant tumor composed of anaplastic melanocytes

(NOTE: Melanomas can appear at birthmark and mole sites that are repeatedly irritated. They can have a variety of appearances but the darker brown and black nevi are apt to become malignant. The area itself can appear in various colors and the texture has a grainy, pebbly feeling.)

D. Senile keratosis — Horny growths on the skin of the face, ears, or hands; usually occurring in older persons

(NOTE: Senile keratosis should be observed carefully because degeneration can result in basal cell carcinoma.)

E. Leukoplakia — Abnormal thickening and whitening of the epithelium of a mucous membrane

(NOTE: White patches form on the mucous membranes of the tongue or cheek. The growth of these areas is a result of chronic irritation of the mucosa by physical, thermal, or chemical agents.)

XI. Symptoms and interventions for malignant and precancerous lesions of the skin (Table 4)

TABLE 4

Lesion	Symptoms	Interventions
Basal cell carcinoma	Papule enlarges peripherally at a slow rate Ulcerating lesion heals and then recurs Destruction of underlying and adjacent tissue	Provide pre- and postoperative care if surgical excision is performed to remove growth Assist with procedure to dry the cells by means of a short-duration, high-frequency electric current to remove growth Provide care before and following radiation treatments

INFORMATION SHEET

Lesion	Symptoms	Interventions
Squamous cell carcinoma	Primary lesions that appear and grow very rapidly Precancerous tumors that suddenly begin to grow rapidly	Provide pre- and postoperative care if surgical excision of tumor and adjacent tissue is performed Provide care before and following radiation treatments
Melanoma	Nevus that becomes irritated and may bleed Nevus that begins to grow suddenly and changes in size and color	Provide pre- and postoperative care if surgical excision of growth and adjacent tissue is performed Instruct patient to have follow-up examinations frequently to make sure that cancer does not recur
Senile keratosis	Brownish, scaly spots on the skin, with raised surface or border Tissue with tendency to bleed easily	Assist with curettage to remove tissue, leaving a flat area that becomes covered with normal skin within a week Instruct patients to examine their skin to check for recurrence
Leukoplakia	Shiny white patches on the mucous membrane of the mouth or the female genitalia Spots that are smooth, irregular in size and shape, hard, and occasionally fissured	Provide pre- and postoperative care if surgical excision of tissue is done to remove growth Assist with procedure to dry the cells by means of a short-duration, high-frequency electric current

XII. Symptoms and interventions for common diseases and disorders due to parasites and insects (Table 5)

TABLE 5

Disease/Disorder	Symptoms	Interventions
Pediculosis (NOTE: There are three types of pediculi named for the area of the body that has been invaded: capitis [head louse], corporis [body louse], and pubis [pubic louse].)	Itching in the affected area Redness or spots where bites occur Infestation of nits and lice in seams of clothing	Remove all nits from the body, bedding, and clothing Apply a pediculocide such as benzyl benzoate or Kwell lotion to affected area Bathe and shampoo affected area

INFORMATION SHEET

Disease/Disorder	Symptoms	Interventions
Scabies	Itching that is more pronounced during the night Appearance of secondary lesions including vesicles, papules, pustules, excoriations, and crusts on skin of hands, arms, and axillary folds	Cleanse areas with soap and water to remove the crusts and scaling Apply ointments such as benzyl benzoate Wash all clothing and bedding frequently
Cimex (bedbugs)	Hemorrhaging spots associated with papules and wheals Itching and burning of affected areas, particularly the legs	Apply lotion containing methol or phenol to affected areas Give prescribed oral antihistamines for intense itching Eliminate insects by spraying in the crevices of furniture, walls, floors, mattresses, and beds
Bites and stings (NOTE: Wasps, bees, ticks, spiders, scorpions, and chiggers can cause extreme pain, systemic reactions and illness, and skin inflammation.)	Local inflammation of the affected skin Possible systemic reactions, depending on person's sensitivity or the strength of the insect's venom	Apply cold compresses, paste of baking soda, or medicated spray or ointment locally Administer prescribed antibiotics for secondary infections Administer prescribed antihistamines

XIII. General nursing responsibilities for caring for patients with dermatologic diseases and disorders

A. Alleviate itching by applying topical medications and administering oral medications

(NOTE: Avoid overheating patient. Provide white cotton gloves to protect hands if you feel the patient might scratch areas. Avoid stressful upsets if at all possible as this can sometimes increase the itching.)

B. Protect skin with mild lotions or medications

(NOTE: Use soaps sparingly to avoid drying the affected area.)

C. Keep clothing away from affected areas

D. Prevent the spread of infection by using gloves if dermatitis is infectious, by disposing of soiled linens and dressings, by using reverse isolation technique to prevent secondary infections, and by protecting unaffected areas

INFORMATION SHEET

E. Provide emotional support by not showing distaste and by not rejecting patient

F. Provide diversional activities to help distract patient from illness

G. Encourage patient and family to assist in the care when possible

H. Teach patient and family preventive and prophylactic measures to prevent skin diseases and disorders

XIV. Diagnostic tests and procedures used in the treatment of allergies

(NOTE: There are many causes of allergies and various reactions to allergens. Skin reactions can occur from foods, chemicals, insects, or drug sensitivities. Treatment is based on the allergen involved and the extent of the reaction.)

A. Diagnostic tests

  1. Skin tests

    a. Scratch tests are given by applying the allergen to a small scratch in the skin

    b. Intradermal tests are given by injecting a minute amount of the allergen within the skin

    c. Patch tests are given by applying to the skin a small piece of gauze saturated with a solution containing the allergen

  2. Elimination diets — Patients are taken off all foods for a short time, and are then given a few foods until allergic symptoms appear; foods are added to the diet one at a time until those causing sensitivity are determined

B. Treatment

  1. Desensitization

    a. Small amounts of the antigen in gradually increasing dosages are administered once or twice a week for an extended period of time

    b. Injections may be given on a seasonal basis for allergies to certain pollens or plants

    (CAUTION: Severe or fatal reactions to the desensitization can occur; patients should be monitored closely for reactions. Prescribed drugs may be ordered STAT if reaction occurs.)

INFORMATION SHEET

2. Elimination diet — Foods causing allergies are entirely eliminated from patient's diet

XV. Treatment of urticaria and anaphylaxis in allergic reactions

A. Urticaria

1. Give appropriate medications

EXAMPLES: Antihistamines, corticosteroids

2. Give emergency treatment as indicated

3. Caution patient to avoid the allergen if possible

B. Anaphylaxis

(NOTE: Anaphylaxis can be severe enough to cause severe respiratory symptoms, unconsciousness, and possibly death.)

1. Recognize symptoms immediately

2. Give adrenaline or respiratory stimulants

3. Give oxygen, and, in severe cases, prepare for a tracheotomy

4. Provide emergency identification for patient to wear at all times, giving information concerning the type of allergy

XVI. Characteristics of classes of burns

A. First-degree (partial-thickness)

1. Involves only epidermis

2. Causes redness, tenderness, pain, and some edema but no blistering

B. Second-degree (partial-thickness or deep dermal)

(NOTE: Burns can be deeper than they appear. Be sure to assess area carefully.)

1. Involves both epidermis and dermis

2. Causes redness, pain, and blistering

3. Partial-thickness burn heals with little or no scarring

4. Deep dormal burn may require grafting for cosmetic purposes

INFORMATION SHEET

C. Third-degree (full-thickness)

1. Involves epidermis, dermis, and underlying tissues

2. Causes destruction and/or damage of skin and tissue

3. May be painless after initial severe pain because the nerve endings have been destroyed

4. Appears charred or white and lifeless

5. Requires grafting for adequate coverage of area

D. Fourth-degree (full-thickness)

(NOTE: Electrical burns are characteristically deep, involving not only the skin but underlying tissues down to and including bone tissue.)

1. Involves all layers of skin and underlying tissue, with damage to fascia, muscle, tendon, and bone

2. Causes deformity and much scarring

3. Requires grafting, as well as other corrective surgery, and extensive rehabilitation

XVII. Healing stages of burn lesions

(NOTE: The healing stages may not occur in this order.)

A. Slough — Moist necrotic tissue

B. Crust — Dry, scablike covering that forms over a superficial burn

C. Eschar — Hard, leathery layer of dead tissue that forms over a full-thickness injury

XVIII. Methods of treatment for burns

A. Open method

1. Dressings are not used and burns are allowed to heal in open air

2. Any cloth that may come in contact with burned area must be sterilized before use

EXAMPLES: Gowns, towels, bed linens

3. Sterile gowns, caps, and masks should be worn by all personnel who enter patient's unit

INFORMATION SHEET

4. Sterile gloves are used when giving skin care

5. Bed cradles are used to keep bed linens from touching the wounds

B. Closed method with pressure dressings

1. Medicated gauze dressings are applied to wounds

2. Burned areas are cleansed and dressed so that no two skin surfaces touch

3. Large outer dressings are applied and securely wrapped with elastic bandages

4. Bandaged extremities should be elevated and checked frequently for pulse, color, warmth, and numbness

5. Patient is observed for increase in pulse rate or temperature, which might indicate infection

C. Silver nitrate method

1. Wounds are cleansed with tepid water and a cleansing agent, and are then rinsed with a dilute solution of silver nitrate

2. Burned areas are wrapped with thick dressings of gauze and saturated with an 0.5 percent solution of silver nitrate

(NOTE: Dressings are saturated as needed, usually every two to four hours, to keep them wet. The entire dressing is usually changed every twelve to twenty-four hours.)

D. Topical cream method

(NOTE: Creams are usually washed off once or twice a day and reapplied depending on the physician's orders.)

1. Antiseptic medications in cream form are applied to burned areas, using sterile gloves

2. Analgesics may be given prior to application of cream as some cause a burning pain for some time after application

3. Enzyme creams can be applied to assist in debridement of burned tissue

INFORMATION SHEET

E. Hydrotherapy

(NOTE: Whirlpool baths, Hubbard tanks, or a combination of both may be used in hydrotherapy.)

1. Old slough, eschar, exudate, and creams are removed by immersing patient in normal saline, plain water, or a balanced electrolyte solution
2. Muscle contractures are prevented by exercising extremities
3. Analgesics are given before patient is treated

XIX. Emergency actions in treating burn victims

A. Cool the burn

(CAUTION: Do not use ice.)

B. Flush area to remove any chemicals if indicated

C. Protect burned area by covering to prevent further contamination

D. Place pads or other material between body surfaces; do not allow surfaces to touch

E. Do not apply ointment, oil, or greasy substances

F. Protect individual by treating for shock and providing warmth as needed

G. Get individual to a treatment facility as soon as possible

XX. Nursing responsibilities and interventions for the treatment of the burn patient (Assignment Sheet #1)

A. Assess extent and depth of burned area

(NOTE: The Rule of Nines chart and the Lund and Browder chart may be used to assess the area of burns.)

B. Weigh patient on admission if possible, and then weigh daily to assess fluid loss

C. Observe for burn shock due to fluid loss and imbalances

(NOTE: Shock is the most common early cause of death in the burn patient.)

INFORMATION SHEET

D. Prepare for IV fluid replacement

(NOTE: IV fluid replacement will depend on the volume of urine output. A strict I & O must be kept.)

E. Anticipate the placement of an indwelling catheter and possibly a nasogastric tube

F. Assess patient frequently for water intoxication

(NOTE: The patient can be overloaded with fluids as well as dehydrated from the lack of fluids. If symptoms such as headache, dizziness, vomiting, or convulsions occur, notify supervisor or physician immediately.)

G. Monitor vital signs frequently as ordered

H. Encourage patient to verbalize feelings

(NOTE: The burn patient suffers a great deal not only from physical pain but emotional trauma, especially in burns with a great deal of disfigurement. Many patients will need additional psychological counseling and an abundance of TLC from the staff.)

I. Use aseptic technique and/or reverse isolation to prevent infection

(NOTE: The best way to prevent infection is to wash your hands thoroughly and frequently while giving patient care.)

J. Assess changes in vital signs and in appearance of burned areas that would indicate early signs of infection

(NOTE: Infection secondary to burns is one of the major causes for the death of burn patients in the later stages.)

K. Provide for personal hygiene, and promote comfort of patient

L. Prevent muscle contractures by encouraging patient to exercise; provide passive exercise when needed

M. Administer analgesics and sedatives as prescribed

(NOTE: Develop with staff and patient a care plan for pain management. It is possible in some cases to use less pain medication by employing alternative techniques to alleviate pain.)

N. Meet patient's nutritional needs by providing diet high in proteins, vitamins, and minerals

INFORMATION SHEET

O. Encourage independence by allowing patient to give as much self-care as possible

P. Observe for symptoms of Curling's ulcer

(NOTE: Curling's ulcer is an acute peptic ulcer of the upper gastrointestinal tract associated with severe burns.)

Q. Encourge patient to wear prescribed pressure garments to minimize formation of scars as area heals

XXI. Common grafts used in treating burn patients

(NOTE: The burn patient may be hospitalized once or several times for grafts to reconstruct areas that have been damaged through burns. The nurse needs to provide emotional support as well as physical care because body image and disfigurement affect the patient's emotional and physical status. The donor site, if the graft is autogenous, will need as much care as the graft site. Most physicians will prescribe specific care for each type of graft.)

A. Autogenous — Graft taken from another part of the patient's body

B. Cadaver — Graft taken from a body immediately after death

C. Homograft — Graft taken from another person

D. Pinch — Graft taken from skin in small bits

E. Sponge — Graft of small pieces of sponge placed over an area to stimulate epidermal growth

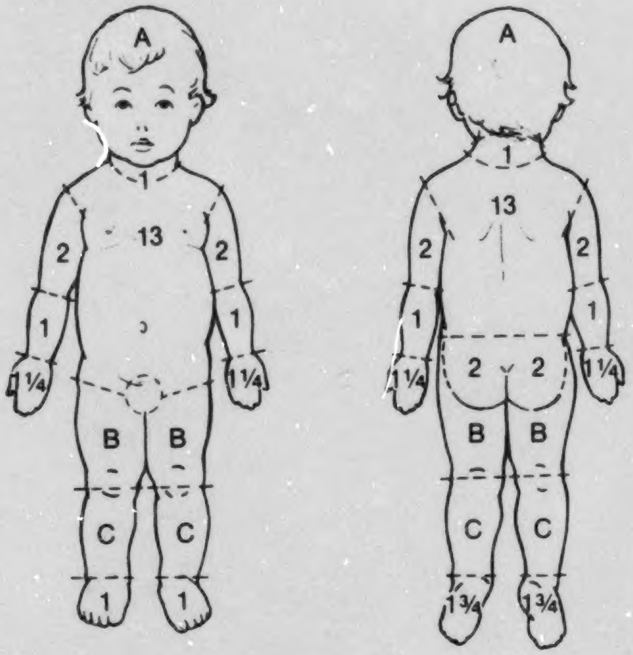
F. Zoograft — Graft taken from an animal

Estimation of Burn Wound Size

Area	Age-Years					% 2°	% 3°	% Total
	0-1	1-4	5-9	10-15	Adult			
Head	19	17	13	10	7			
Neck	2	2	2	2	2			
Ant. Trunk	13	17	13	13	13			
Post. Trunk	13	13	13	13	13			
R. Buttock	2½	2½	2½	2½	2½			
L. Buttock	2½	2½	2½	2½	2½			
Genitalia	1	1	1	1	1			
R.U. Arm	4	4	4	4	4			
L.U. Arm	4	4	4	4	4			
R.L. Arm	3	3	3	3	3			
L.L. Arm	3	3	3	3	3			
R. Hand	2½	2½	2½	2½	2½			
L. Hand	2½	2½	2½	2½	2½			
R. Thigh	5½	6½	8½	8½	9½			
L. Thigh	5½	6½	8½	8½	9½			
R. Leg	5	5	5½	6	7			
L. Leg	5	5	5½	6	7			
R. Foot	3½	3½	3½	3½	3½			
L. Foot	3½	3½	3½	3½	3½			
					Total			

Source: Baptist Medical Burn Center.

Burn Evaluation


A
1
13
2
2
1
1
1¼
1¼
B
B
C
C
1
1
A
1
13
2
2
1
1
2
2
1¼
1¼
B
B
C
C
1¾
1¾

RELATIVE PERCENTAGES OF AREAS AFFECTED BY GROWTH

Area	Birth	Age 1 Yr.	Age 5 Yr.
A = ½ of head	9½	8½	6½
B = ½ of one thigh	2¾	3¼	4
C = ½ of one leg	2½	2½	2¾

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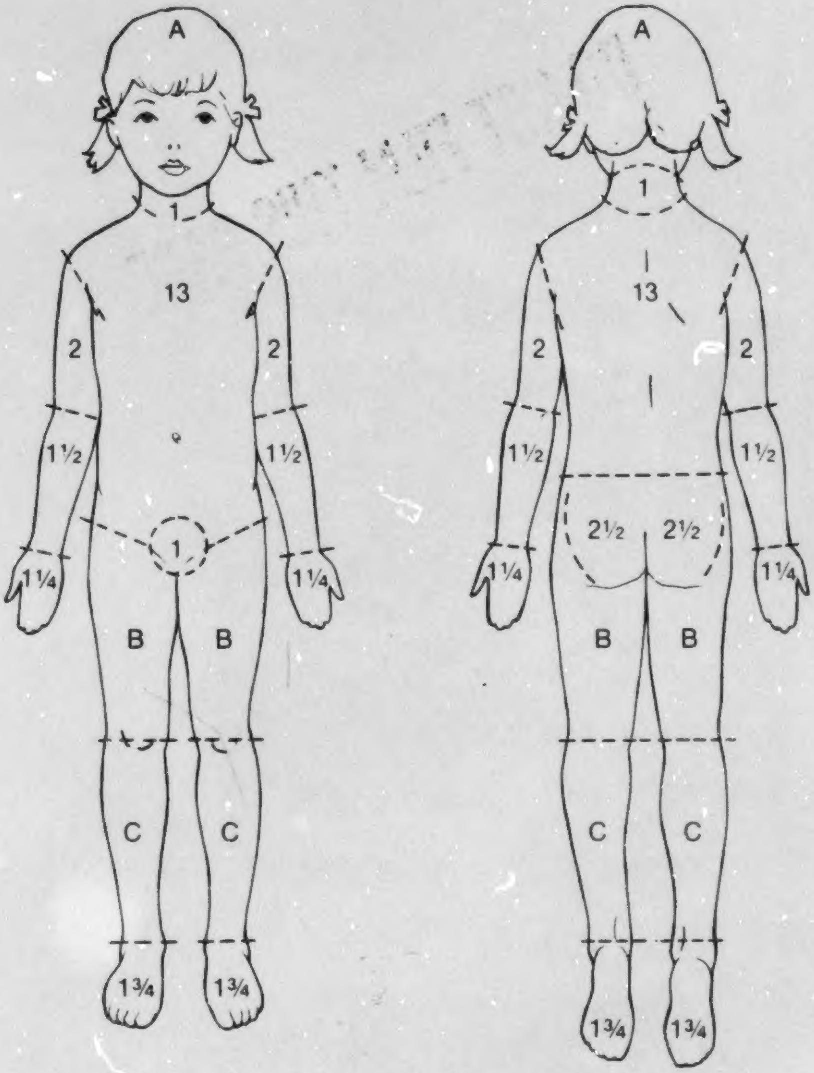
Burn Evaluation
(Continued)


A
1
13
2
2
1½
1½
1
1¼
1¼
B
B
C
C
1¾
1¾
A
1
13
2
2
1½
1½
2½
2½
1¼
1¼
B
B
C
C
1¾
1¾

RELATIVE PERCENTAGES OF AREAS AFFECTED BY GROWTH

Area	Age 10 Yr.	Age 15 Yr.	Adult
A = ½ of head	5½	4½	3½
B = ½ of one thigh	4½	4½	4¾
C = ½ of one leg	3	3¼	3½

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ASSESSMENT AND MANAGEMENT OF DISEASES AND DISORDERS OF THE INTEGUMENTARY SYSTEM
UNIT V

ASSIGNMENT SHEET #1 — PLAN CARE FOR A BURN PATIENT

NAME ________________________________ SCORE ____________

Planning and providing care for the patient with dermatological conditions is a challenging experience.

In this assignment sheet you are given a case study of a hypothetical patient. You may need additional medical-surgical resources to research the condition in more depth and to help you decide on nursing care actions. After completing the assignment sheet, hand it in to your instructor for evaluation.

PART I

Case Study

Ten-year-old Terri Hall was admitted to the hospital with burns received when a lighted candle caught her nightgown on fire. Her grandmother immediately wrapped her in a blanket and smothered the flames. The grandmother then called the ambulance. Terri was evaluated as having second- and third-degree burns on her legs, hands, and lower abdomen. The physician's initial orders included the following:

- Give 5% dextrose in Ringer's lactate intravenously; 3 ml/Kg/% of burn to be received in first 24 hours
- NPO
- Bed rest
- Strict I & O
- Ampicillin (Amcill), 250 mg by IV push $\bar{q}$ 8 h
- Weigh daily
- Insert indwelling catheter

A. Terri weighs 65 pounds (27 Kg) and it was estimated using the Rule of Nine that she was burned over approximately 44 percent of her body surface. How much IV fluid should she receive in the first twenty-four hours?

____

ASSIGNMENT SHEET #1

B. Which laboratory test will the physician need to order to assess the amount of fluid replacement Terri will need?

C. Why is it so important to immediately assess the amount of body fluids in the burned patient?

D. Water intoxication may occur if Terri is given an excessive amount of fluids. Why does this condition occur? What are the symptoms of fluid overload?

E. What was the main reason for the insertion of an indwelling catheter? What nursing actions will be needed to monitor and maintain this closed system for collecting urine?

F. Which electrolyte is lost in the largest amount during the first forty-eight hours following a severe burn?

G. What is the main reason Terri is made NPO upon admission?

H. When she is put on solid foods, what should Terri's diet contain?

ASSIGNMENT SHEET #1

I. After the first dosage of Amcill, Terri begins to develop a skin rash over the face, upper arms, and chest area. What might this indicate? What would be your first actions?

J. After the physician debrides the burned areas initially, she orders Sulfamylon to be applied locally to the areas every eight hours. What side effects might complicate Terri's treatment?

K. Staphylococcus is one of the main organisms that invade and infect burned areas. If you looked at the organisms under a microscope, what shape would you find?

L. Terri begins screaming each time the nurses approach her to debride the burned areas and to reapply the ointment and dressings. What kind of approach would you take in assisting Terri through this traumatic process?

M. Each person who enters Terri's room must put on a gown, mask, and gloves. What is this technique called? Why is it used?

N. Later in Terri's hospitalization, you note on the lab values that her potassium level has decreased below normal values. What type of liquid could you encourage to help replace that potassium?

ASSIGNMENT SHEET #1

O. Terri's physician has ordered hydrotherapy. What is the main purpose of this type of therapy, and how would you explain the process to Terri before taking her for her first treatment?

____

____

P. After debridement, Terri's physician decides to apply a zoograft on her right leg, which suffered the most tissue damage. What is the primary purpose of a zoograft? List other types of skin grafts used for burn patients.

____

____

____

Q. Splinting the grafted area is ordered after the procedure. What is the main purpose of splinting skin-grafted limbs?

____

R. Terri cries and talks about the disfigurement on her hands. She has difficulty holding objects and continuing her school work. How would you help Terri cope with her body image change? What type of activities could you interest her in that she would enjoy and could participate in? How could you help her continue her school work?

____

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ASSIGNMENT SHEET #1

S. What type of discharge plan could you formulate to help prepare Terri and her grandmother to continue her care? Is there a type of rehabilitation program in your community that could assist them? If so, what type of services could they offer?

____

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PART II

Considering the information given in this unit, develop the following care plan for Terri. Be sure to complete the section on patient problems and nursing actions based on the needs of a burn patient.

PN III - 363-A

ASSIGNMENT SHEET #1

(Cut here)

DIET:

NOURISHMENT OR SPECIAL FEEDING

INTAKE

OUTPUT

ACTIVITIES:

____ Complete bed rest
____ Bed rest
____ Bathroom privileges
____ Up ad lib

BATH:

____ Bathe patient
____ Partial
____ Bathe self
____ Tub
____ Shower

TRAVEL:

____ Wheelchair
____ Stretcher
____ Ambulatory

POSITION:

SIDERAILS:

____ Constantly
____ Nights only
____ Siderail Release

OXYGEN:

____ Liters per minute
____ PRN
____ Tent
____ Mask
____ Constantly
____ Catheter
____ Cannula

SPECIAL EQUIPMENT:

PROSTHESIS:

____ Dentures
____ Eye
____ Contact Lens
____ Limb

ALLERGIES:

SPECIAL PRIVILEGES:

WEIGHT ________

TEMP. ____ TIMES ____

____ ORAL
____ RECTAL
____ AUX.

(Fold here)

DATE	TREATMENTS
PRN	

ROOM NAME DIAGNOSIS DOCTOR

ASSIGNMENT SHEET #1

(Fold here)

NURSING CARE PLAN

GOAL: ____________________

DATE	PROBLEMS and NEEDS	APPROACH
	DISCHARGE GOALS:	

Age Birth Date S M D W Religion Profession Adm. Date

(Cut here)

ASSESSMENT AND MANAGEMENT OF DISEASES AND DISORDERS OF THE INTEGUMENTARY SYSTEM
UNIT V

ANSWERS TO ASSIGNMENT SHEET

Assignment Sheet #1 (Suggested answers)

Part I

A. 3,564 ml

B. Hematocrit level

C. Because of the shift in body fluids to the burned areas and the weeping of the tissue, patients who have been severely burned lose precious fluids containing major electrolytes. Also, the shift causes edema in the burned areas and results in a decrease in the amount of circulating blood plasma, which may rapidly produce shock and eventually death.

D. Kidneys are not able to excrete fluids and electrolytes or they begin conserving what they contain; headaches, diarrhea, scanty urine production, loss of visual acuity, muscular twitchings and tremors, and possibly seizures may result.

E. A Foley catheter provides the most accurate account of the intake and output of fluids. Nursing actions include cleansing around the urinary meatus to avoid contamination, emptying collection bag and measuring output, and checking for patency.

F. Sodium

G. Paralytic ileus or the paralysis of the bowel often occurs after burns.

H. Diet should contain a high level of protein and have a high caloric content.

I. Allergic reaction to ampicillin; stop administering the drug and call the physician immediately.

J. Not only is Sulfamylon a strong carbonic anhydrase inhibitor that may adversely alter the pH of the blood and possibly cause metabolic acidosis, but it causes a strong burning sensation that may last up to an hour after application.

K. Spherical cells appearing singly or in groups like clusters of grapes

L. A mild analgesic may be given before treatment; allow Terri to somehow assist in the procedure (maybe just being able to choose the area to be treated first would give her some kind of control in the process); provide an activity that might distract her attention or offer some type of activity that she enjoys after the treatment, giving her something to look forward to.

M. Reverse isolation; to prevent a secondary infection spreading to Terri from a health staff member or family and friends

ANSWERS TO ASSIGNMENT SHEET

N. Orange juice

O. Prevent muscle contractures; the therapy consists of immersion of the body in water under pressure that gently massages the muscles and helps loosen old tissue; therapists will be in constant attention throughout the procedure.

P. A zoograft is tissue taken from an animal source; autogenous graft taken from another part of the patient's body; allograft taken from another person's body.

Q. Prevent muscle contractures

R. Paying attention to other body features and making sure that good body hygiene is a part of her daily care might help to boost her body image (shampooing hair and using pretty ribbons to tie it back might help, as would pretty gowns and some of her own clothing if it is possible for her to wear loose dresses).

Allow her to ventilate her feelings and possibly talk about the future of how her hands will look after grafting, z-plasty, or other types of cosmetic surgery; also remind her that the physical therapy and hydrotherapy will bring back some or all of the use of her hands and legs.

Playing word games that she can participate in; finding activities that she can handle and using her hands to hold objects might help; having her lessons taped at school; asking a classmate to help her with her homework.

S. Terri and her grandmother should be instructed in skin care, physical therapy activities and diet therapy; stressing the return for follow-up visits is important. Local information for types of rehabilitative programs should be given.

Part II — Evaluated to the satisfaction of the instructor

ASSESSMENT AND MANAGEMENT OF DISEASES AND DISORDERS OF THE INTEGUMENTARY SYSTEM
UNIT V

TEST

NAME ______________________________ SCORE ______________

1. Match to their correct definitions terms associated with skin disorders. Write the correct numbers in the blanks.

_____a. Study of diseases of the skin

_____b. Congenital coloration of a circumscribed area of the skin; birthmark or mole

_____c. Infectious fungal skin eruption characterized by the formation of vesicles with cracking and scaling

_____d. Circumscribed area of pathologically altered tissue

_____e. Surrounded by a boundary

_____f. Forming or containing pus

_____g. Form of macula showing redness over the skin

_____h. Discomfort, uneasiness, or vague sense of ill-being

_____i. Scaling off of dead tissue

_____j. Discolored dried sebum that plugs an excretory duct; blackhead

_____k. Abrasion of the body of trauma, chemicals, or burns

_____l. Oozing fluid that moves through vessel walls into tissues

_____m. Inflammation of cellular or connective tissues

_____n. Process of pus formation

_____o. Wheals or welts that usually have white elevated centers surrounded by erythema and that itch intensely; hives

1. Lesion
2. Comedo
3. Tinea
4. Suppuration
5. Erythema
6. Dermatology
7. Urticaria
8. Malaise
9. Nevus (plural, nevi)
10. Circumscribed
11. Exfoliation
12. Cellulitis
13. Purulent
14. Excoriation
15. Exudate

TEST

2. List causes of skin disorders.

a. ____

b. ____

c. ____

d. ____

e. ____

f. ____

g. ____

h. ____

i. ____

3. List general types of diseases and disorders affecting the integumentary system.

a. ____

b. ____

c. ____

d. ____

e. ____

f. ____

g. ____

4. Match types of primary and secondary skin lesions to their correct descriptions. Write the correct numbers in the blanks. Skin lesions and descriptions are continued on the next page.

Primary

______a.	Small, circumscribed, discolored spot	1. Pustule
______b.	Small, circumscribed elevated area that may be discolored	2. Vesicle
		3. Macule
______c.	Small elevation filled with clear fluid	

TEST

______d. Circumscribed solid elevation, usually involving deeper skin layers and subcutaneous tissue

______e. Small, circumscribed area containing pus

______f. Large elevation of the outer skin containing either serous or purulent fluid

______g. Circumscribed, transient elevation

4. Nodule
5. Wheal
6. Bulla
7. Papule

Secondary

______a. Break or abrasion in the skin surface

______b. Dry exudate over a lesion

______c. Excessive scar formation in skin after trauma or surgical incision

______d. Erosion of epidermis and part or all of underlying dermis

______e. Outer layer of epithelium as it loosens from the skin surface

______f. Crack in the skin or mucous membrane, usually due to marked drying or long-standing inflammation

______g. Circumscribed horny thickening of the skin

______h. Tumorlike lesion that is similar in appearance to an abscess

______i. Patch or abnormal flat area on skin

1. Crust
2. Plaque
3. Keratosis
4. Fissure
5. Ulcer
6. Gumma
7. Excoriation
8. Keloid
9. Scale

5. Match to their correct descriptions common bacterial and viral infections of the skin. Write the correct numbers in the blanks. Infections and descriptions are continued on the next page.

Bacterial

______a. Acute, localized infection of tissue, skin, gland, or hair follicle

______b. Formation of multiple furuncles or outbreaks of rapidly recurring furuncles

1. Carbuncle
2. Erysipelas

TEST

______c. Extensive, deep infection of the skin and underlying tissues terminating in suppuration characterized by marked systemic symptoms

______d. Acute infection characterized by formation of vesicles that rupture and form yellow crusts

______e. Acute cellulitis with a well-defined, slightly raised red area

______f. Infection involving the soft tissue of the fingertip

______g. Acute or chronic infection of the nail, usually caused by a bacterial infection

3. Felon
4. Furuncle
5. Paronychia
6. Furunculosis
7. Impetigo contagiosa

Viral

______a. Thin-walled vesicles that form and recur where the mucous membrane joins the skin

______b. Inflammation of the posterior root ganglia of only a few segments of the spinal or cranial nerves and occurrence of painful vesicular eruptions along the pathway of the nerve

______c. Tumor of the epidermis caused by a papillomavirus

1. Herpes zoster
2. Verruca
3. Herpes simplex

TEST

6. Identify common bacterial and viral infections of the skin according to their symptoms and interventions. Write the correct names in the blanks.

BACTERIAL	VIRAL
Furuncles, furunculosis, and carbuncles	**Verruca**
Impetigo contagiosa	**Herpes simplex (cold sores)**
Erysipelas	**Herpes zoster (shingles)**
Felon	
Paronychia	

Infection	Symptoms	Interventions
a. ____________________ ____________________	Vesicles that rupture and crust (usually around mouth or nose) Erythema	Use isolation technique Soften crusts with soap and water or oil before removal Apply prescribed antibiotic medications locally Administer prescribed antibiotics systemically Caution patient not to touch lesions Teach patient and family techniques of care
b. ____________________ ____________________	Blister surrounded by red inflamed skin, usually on mouth or genitals	Treat symptoms Administer prescribed antibiotics appropriate for secondary infections Encourage balanced diet Caution patient not to touch lesions
c. ____________________ ____________________	Swelling and inflammation of soft tissue in the terminal joint of a finger	Apply warm, moist compresses or soaks Administer prescribed antibiotics Dress as indicated by physician
d. ____________________ ____________________	Swelling Localized pain Formation of one or more cores Purulent exudate	Apply warm, moist dressings to localize infection Administer prescribed antibiotics Assist with incision and drainage of lesion Wash hands before and after treating patient Use isolation technique Caution patient not to touch lesions Instruct patient and family in methods used to prevent reinfection

TEST

Infection	Symptoms	Interventions
e. ____________ ____________	Rough-surfaced skin with elevated areas over the body	Assist with removal, which is performed with a sharp curet under local anesthetic or by freezing with a carbon dioxide snow Explain procedure to patient Dress or treat wound as indicated by physician
f. ____________ ____________	Localized swelling and inflammation (usually on face) Chills and fever Vomiting Delirium	Administer prescribed antibiotics, analgesics, and antipyretics Isolate patient Encourage food and fluid intake Treat palliatively
g. ____________ ____________	Painful vesicles erupted along affected nerve path Fever Malaise Neurological pains	Treat palliatively with prescribed analgesics, sedatives, steroids, and vitamins Apply prescribed local medications Tell patient to wear loose, nonirritating clothing
h. ____________ ____________	Pain and throbbing in affected finger Redness and swelling	Apply warm soaks Administer prescribed antibiotics Apply prescribed antibiotic ointments

7. Identify common fungal infections of the skin according to their symptoms and interventions. Write the correct names in the blanks.

Tinea barbae (barbis itch)
Tinea pedis (athlete's foot)
Tinea capitas (head) and tinea corporis (body)

Disease/Disorder	Symptoms	Interventions
a. ____________ ____________	Small, reddish papules or vesicles in clusters or rings in affected area Pustules and scaling Profuse itching and loss of hair in affected areas	Remove infected hairs Apply prescribed topical fungicide Administer prescribed oral antifungal medications Instruct patient to disinfect clothing

TEST

Disease/Disorder	Symptoms	Interventions
b. ____________________ ____________________	Swollen facial tissue with softening of the hairs of the beard Itching of the beard area Enlargement of the lymph glands	Apply prescribed fungicidal ointment Administer prescribed oral antifungals Prevent reinfection by keeping skin and shaving equipment clean
c. ____________________ ____________________	Inflammation Peeling, cracking, and itching of areas between toes	Apply prescribed fungicidal ointments Instruct patient to wear cotton socks or stockings Instruct patient to expose feet to sunlight when possible Instruct patient to disinfect tub or shower Apply medicated powder between patient's toes after drying feet

8. Match to their correct descriptions common noninfectious diseases and disorders of the skin. Write the correct numbers in the blanks.

_____a. Ideopathic, chronic, inflammatory skin disease specifically affecting the extensor surfaces of the body and scalp

_____b. Dermatitis in which extensive involvement of the skin strips away tissue and hair

_____c. Inflammatory condition of the sebaceous glands

_____d. Dermatitis resulting from contact with a primary irritant or from sensitization to a substance

_____e. Acute or chronic inflammatory disease of the skin; etiology unknown

_____f. Acute, inflammatory disease usually occurring on oily skin areas with large sebaceous glands

_____g. Saclike structure filled with sebum extending from a distended sebaceous gland

1. Eczema or atopic dermatitis
2. Sebaceous cyst or wen
3. Exfoliative dermatitis
4. Psoriasis
5. Contact dermatitis
6. Seborrhea or seborrheic dermatitis
7. Acne vulgaris

TEST

9. Identify noninfectious diseases and disorders of the skin according to their symptoms and interventions. Write the correct names in the blanks.

Psoriasis	**Eczema or atopic dermatitis**
Exfoliative dermatitis	**Seborrhea or seborrheic dermatitis (dandruff)**
Acne vulgaris	**Sebaceous cyst or wen**
Contact dermatitis	

Disease/Disorder	Symptoms	Interventions
a. ____________________ ____________________	Irregularly shaped patches of dry, scaly lesions Itching in varying degrees	Apply prescribed topical ointments Instruct patient to avoid alcoholic beverages Administer prescribed systemic medication such as vitamin A, sedatives, antihistamines, or steroids
b. ____________________ ____________________	Itching Burning Erythema Vesicles followed by weeping and crusting Edema Scaling or peeling of skin	Remove causative agent by washing Apply cool compresses Apply prescribed lotions and ointments
c. ____________________ ____________________	Dryness Excoriation Vesicles that crust and scale Itching Burning	Apply wet compresses or give colloid baths Administer prescribed antihistamines, tranquilizers, or sedatives Administer prescribed oral steroids for severe symptoms
d. ____________________ ____________________	Patchy or generalized erythematous eruptions Fever Malaise GI symptoms Scaling	Provide for bed rest Discontinue all previous medications Maintain fluid and electrolyte balance Give soothing baths Apply compresses or lotions Administer prescribed steroids and antibiotics

TEST

Disease/Disorder	Symptoms	Interventions
e. ______________ ______________	Oily scalp with greasy scales Itching and irritation Swelling Redness Exudate	Cleanse regularly with antiseborrheic shampoo Apply prescribed antiseptic lotions or medicated ointments between shampoos Instruct patient to maintain balanced diet, regular exercise, and rest, and to avoid emotional stress
f. ______________ ______________	Comedones, whiteheads, pustules, nodules, and cysts	Cleanse areas affected Apply a mild drying and peeling agent Expose areas to sunlight or ultraviolet light Administer prescribed long-term antibiotics and steroids Restrict foods that aggravate condition Assist with cosmetic surgery to remove severe acne scars
g. ______________ ______________	Slow-growing, firm, elevated growth in epidermis	Assist with surgical excision if infection occurs

10. Match to their correct descriptions malignant and precancerous lesions of the skin. Write the correct numbers in the blanks.

_____a.	Tumor cells occurring in the epidermis	1. Melanoma
_____b.	Anaplastic cells that occur in the thin, flat layer of epithelium	2. Leukoplakia
_____c.	Malignant tumor composed of anaplastic melanocytes	3. Basal cell carcinoma
_____d.	Horny growths on the skin of the face, ears, or hands; usually occurring in older persons	4. Senile keratosis
_____e.	Abnormal thickening and whitening of the epithelium of a mucous membrane	5. Squamous cell carcinoma

TEST

11. Identify malignant and precancerous lesions of the skin according to their symptoms and interventions. Write the correct names in the blanks.

Basal cell carcinoma	**Senile keratosis**
Squamous cell carcinoma	**Leukoplakia**
Melanoma	

Lesion	Symptoms	Interventions
a. ________ ________	Papule enlarges peripherally at a slow rate Ulcerating lesion heals and then recurs Destruction of underlying and adjacent tissue	Provide pre- and postoperative care if surgical excision is performed to remove growth Assist with procedure to dry the cells by means of a short-duration, high-frequency electric current to remove growth Provide care before and following radiation treatments
b. ________ ________	Shiny white patches on the mucous membrane of the mouth or the female genitalia Spots that are smooth, irregular in size and shape, hard, and occasionally fissured	Provide pre- and postoperative care if surgical excision of tissue is done to remove growth Assist with procedure to dry the cells by means of a short-duration, high-frequency electric current
c. ________ ________	Nevus that becomes irritated and may bleed Nevus that begins to grow suddenly and changes in size and color	Provide pre- and postoperative care if surgical excision of growth and adjacent tissue is performed Instruct patient to have follow-up examinations frequently to make sure that cancer does not recur
d. ________ ________	Primary lesions that appear and grow very rapidly Precancerous tumors that suddenly begin to grow rapidly	Provide pre- and postoperative care if surgical excision of tumor and adjacent tissue is performed Provide care before and following radiation treatments
e. ________ ________	Brownish, scaly spots on the skin, with raised surface or border Tissue with tendency to bleed easily	Assist with curettage to remove tissue, leaving a flat area that becomes covered with normal skin within a week Instruct patients to examine their skin to check for recurrence

TEST

12. Identify according to their symptoms and interventions common diseases and disorders due to parasites and insects. Write the correct names in the blanks.

Pediculosis	**Cimex (bedbugs)**
Scabies	**Bites and stings**

Disease/Disorder	Symptoms	Interventions
a. ______________ ______________	Itching that is more pronounced during the night Appearance of secondary lesions including vesicles, papules, pustules, excoriations, and crusts on skin of hands, arms, and axillary folds	Cleanse areas with soap and water to remove the crusts and scaling Apply ointments such as benzyl benzoate Wash all clothing and bedding frequently
b. ______________ ______________	Local inflammation of the affected skin Possible systemic reactions, depending on person's sensitivity or the strength of the insect's venom	Apply cold compresses, paste of baking soda, or medicated spray or ointment locally Administer prescribed antibiotics for secondary infections Administer prescribed antihistamines
c. ______________ ______________	Itching in affected area Redness or spots where bites occur Infestation of nits and lice in seams of clothing	Remove all nits from the body, bedding, and clothing Apply a pediculocide such as benzyl benzoate or Kwell lotion to affected area Bathe and shampoo affected area
d. ______________ ______________	Hemorrhaging spots associated with papules and wheals Itching and burning of affected areas, particularly the legs	Apply lotion containing methol or phenol to affected areas Give prescribed oral antihistamines for intense itching Eliminate insects by spraying in the crevices of furniture, walls, floors, mattresses, and beds

TEST

13. Select from the following list general nursing responsibilities for caring for patients with dermatologic diseases and disorders. Write an "X" in the blank before each correct answer.

_____a. Keep room thermostat at 78 degrees or above

_____b. Alleviate itching by applying topical medications and administering oral medications

_____c. Protect skin with mild lotions or medications

_____d. Isolate all dermatological patients

_____e. Keep clothing away from affected areas

_____f. Cover all initiated areas with gauze 4×4s

_____g. Prevent the spread of infection by using gloves if dermatitis is infectious, by disposing of soiled linens and dressings, by using reverse isolation technique to prevent secondary infections, and by protecting unaffected areas

_____h. Provide emotional support by not showing distaste and by not rejecting patient

_____i. Provide diversional activities to help distract patient from illness

_____j. Encourage patient to bathe at least twice daily with deodorant soap

_____k. Encourage patient and family to assist in the care when possible

_____l. Teach patient and family preventive and prophylactic measures to prevent skin diseases and disorders

14. Describe diagnostic tests and procedures used in the treatment of allergies.

Diagnostic tests

a. Skin tests — ____

____

____

____

____

____

____

TEST

b. Elimination diets — ______

Treatment

a. Desensitization — ______

b. Elimination diet — ______

15. Describe the treatment of urticaria and anaphylaxis in allergic reactions.

Urticaria — ______

Anaphylaxis — ______

TEST

16. Distinguish among characteristics of classes of burns. Write a "1" before characteristics of first-degree burns, a "2" before characteristics of second-degree burns, a "3" before characteristics of third-degree burns, and a "4" before characteristics of fourth-degree burns.

______a. Involves epidermis, dermis, and underlying tissues

______b. Involves only epidermis

______c. Involves all layers of skin and underlying tissue, with damage to fascia, muscle, tendon, and bone

______d. Causes redness, pain, and blistering

______e. Involves both epidermis and dermis

______f. Causes destruction and/or damage of skin and tissue

______g. Causes deformity and much scarring

______h. Causes redness, tenderness, pain, and some edema but no blistering

______i. May be painless after initial severe pain because the nerve endings have been destroyed

______j. Appears charred or white and lifeless

______k. Partial-thickness burn heals with little or no scarring

______l. Requires grafting, as well as other corrective surgery, and extensive rehabilitation

______m. Deep dermal burn may require grafting for cosmetic purposes

______n. Requires grafting for adequate coverage of area

17. Match to their correct descriptions healing stages of burn lesions. Write the correct numbers in the blanks.

______a. Moist necrotic tissue

______b. Dry, scablike covering that forms over a superficial burn

______c. Hard, leathery layer of dead tissue that forms over a full-thickness injury

1. Crust
2. Eschar
3. Slough

TEST

18. Describe methods of treatment for burns.

    a. Open method — ______________________________

    b. Closed method with pressure dressings — ______________________________

    c. Silver nitrate method — ______________________________

TEST

d. Topical cream method — ______

e. Hydrotherapy — ______

19. State emergency actions in treating burn victims.

a. ______

b. ______

c. ______

d. ______

e. ______

f. ______

g. ______

20. Describe nursing responsibilities and interventions for the treatment of the burn patient.

TEST

TEST

21. Match to their correct descriptions common grafts used in treating burn patients. Write the correct numbers in the blanks.

_____a. Graft taken from another part of the patient's body

_____b. Graft taken from a body immediately after death

_____c. Graft taken from another person

_____d. Graft taken from skin in small bits

_____e. Graft of small pieces of sponge placed over an area to stimulate epidermal growth

_____f. Graft taken from an animal

1. Homograft
2. Sponge
3. Autogenous
4. Zoograft
5. Pinch
6. Cadaver

(NOTE: Test question 22 lists the assignment sheet. It is an important part of this test. If it has not been completed, check with your instructor.)

22. Plan care for a burn patient.

ASSESSMENT AND MANAGEMENT OF DISEASES AND DISORDERS OF THE INTEGUMENTARY SYSTEM
UNIT V

ANSWERS TO TEST

1.	a.	6	f.	13	k.	14
	b.	9	g.	5	l.	15
	c.	3	h.	8	m.	12
	d.	1	i.	11	n.	4
	e.	10	j.	2	o.	7

2. a. Aging
   b. Allergy
   c. Drug idiosyncrasy
   d. Chemical or mechanical trauma
   e. Emotional stress
   f. Extreme heat or cold
   g. Nutritional deficiency
   h. Pathogen
   i. Insect or parasite

3. a. Bacterial and viral infections
   b. Fungal infections
   c. Noninfectious disorders
   d. Malignant and precancerous lesions
   e. Parasite and insect infestations
   f. Allergic reactions
   g. Burns

ANSWERS TO TEST

4. **Primary**

   a. 3
   b. 7
   c. 2
   d. 4
   e. 1
   f. 6
   g. 5

   Secondary

   a. 7
   b. 1
   c. 8
   d. 5
   e. 9
   f. 4
   g. 3
   h. 6
   i. 2

5. **Bacterial**

   a. 4
   b. 6
   c. 1
   d. 7
   e. 2
   f. 3
   g. 5

   Viral

   a. 3
   b. 1
   c. 2

6. a. Impetigo contagiosa
   b. Herpes simplex (cold sores)
   c. Felon

ANSWERS TO TEST

d. Furuncles, furunculosis, and carbuncles

e. Verruca

f. Erysipelas

g. Herpes zoster (shingles)

h. Paronychia

7. a. Tinea capitis (head) and tinea corporis (body)

b. Tinea barbae (barbis itch)

c. Tinea pedis (athlete's foot)

8. a. 4

b. 3

c. 7

d. 5

e. 1

f. 6

g. 2

9. a. Psoriasis

b. Contact dermatitis

c. Eczema or atopic dermatitis

d. Exfoliative dermatitis

e. Seborrhea or seborrheic dermatitis (dandruff)

f. Acne vulgaris

g. Sebaceous cyst or wen

10. a. 3

b. 5

c. 1

d. 4

e. 2

ANSWERS TO TEST

11. a. Basal cell carcinoma

    b. Leukoplakia

    c. Melanoma

    d. Squamous cell carcinoma

    e. Senile keratosis

12. a. Scabies

    b. Bites and stings

    c. Pediculosis

    d. Cimex (bedbugs)

13. b, c, e, g, h, i, k, l

14. Description should include the following

    Diagnostic tests

    a. Skin tests

       1) Scratch tests are given by applying the allergen to a small scratch in the skin

       2) Intradermal tests are given by injecting a minute amount of the allergen within the skin

       3) Patch tests are given by applying to the skin a small piece of gauze saturated with a solution containing the allergen

    b. Elimination diets — Patients are taken off all food for a short time, and are then given a few foods until allergic symptoms appear; foods are added to the diet one at a time until those causing sensitivity are determined

    Treatment

    a. Desensitization

       1) Small amounts of the antigen in gradually increasing dosages are administered once or twice a week for an extended period of time

ANSWERS TO TEST

    2) Injections may be given on a seasonal basis for allergies to certain pollens or plants

  b. Elimination diet — Foods causing allergies are entirely eliminated from the patient's diet

15. Description should include the following

Urticaria

a. Give appropriate medications

b. Give emergency treatment as indicated

c. Caution patient to avoid the allergen if possible

Anaphylaxis

a. Recognize symptoms immediately

b. Give adrenaline or respiratory stimulants

c. Give oxygen, and, in severe cases, prepare for a tracheotomy

d. Provide emergency identification for patient to wear at all times, giving information concerning the type of allergy

16. a. 3
b. 1
c. 4
d. 2
e. 2
f. 3
g. 4
h. 1
i. 3
j. 3
k. 2
l. 4
m. 2
n. 3

17. a. 3
b. 1
c. 2

18. Description should include the following

a. Open method

1) Dressings are not used and burns are allowed to heal in open air

ANSWERS TO TEST

2) Any cloth that may come in contact with burned area must be sterilized before use

3) Sterile gowns, caps, and masks should be worn by all personnel who enter patient's unit

4) Sterile gloves are used when giving skin care

5) Bed cradles are used to keep bed linens from touching the wounds

b. Closed method with pressure dressings

1) Medicated gauze dressings are applied to wounds

2) Burned areas are cleansed and dressed so that no two skin surfaces touch

3) Large outer dressings are applied and securely wrapped with elastic bandages

4) Bandaged extremities should be elevated and checked frequently for pulse, color, warmth, and numbness

5) Patient is observed for increase in pulse rate or temperature, which might indicate infection

c. Silver nitrate method

1) Wounds are cleansed with tepid water and a cleansing agent, and then rinsed with a dilute solution of silver nitrate

2) Burned areas are wrapped with thick dressings of gauze and saturated with an 0.5 percent solution of silver nitrate

d. Topical cream method

1) Antiseptic medications in cream form are applied to burned areas, using sterile gloves

2) Analgesics may be given prior to application of cream as some cause a burning pain for some time after application

3) Enzyme creams can be applied to assist in debridement of burned tissue

e. Hydrotherapy

1) Old slough, eschar, exudate, and creams are removed by immersing patient in normal saline, plain water, or a balanced electrolyte solution

ANSWERS TO TEST

2) Muscle contractures are prevented by exercising extremities

3) Analgesics are given before patient is treated

19. a. Cool the burn

b. Flush area to remove any chemicals if indicated

c. Protect burned area by covering to prevent further contamination

d. Place pads or other material between body surfaces; do not allow surfaces to touch

e. Do not apply ointment, oil, or greasy substances

f. Protect individual by treating for shock and providing warmth as needed

g. Get individual to a treatment facility as soon as possible

20. Description should include the following

a. Assess extent and depth of burned area

b. Weigh patient on admission if possible, and then weigh daily to assess fluid loss

c. Observe for burn shock due to fluid loss and imbalances

d. Prepare for IV fluid replacement

e. Anticipate the placement of an indwelling catheter and possibly a nasogastric tube

f. Assess patient frequently for water intoxication

g. Monitor vital signs frequently as ordered

h. Encourage patient to verbalize feelings

i. Use aseptic technique and/or reverse isolation to prevent infection

j. Assess changes in vital signs and in appearance of burned areas that would indicate early signs of infection

k. Provide for personal hygiene, and promote comfort of patient

l. Prevent muscle contractures by encouraging patient to exercise; provide passive exercise when needed

ANSWERS TO TEST

m. Administer analgesics and sedatives as prescribed

n. Meet patient's nutritional needs by providing diet high in proteins, vitamins, and minerals

o. Encourage independence by allowing patient to give as much self-care as possible

p. Observe for symptoms of Curling's ulcer

q. Encourage patient to wear prescribed pressure garments to minimize formation of scars as area heals

21. a. 3
    b. 6
    c. 1
    d. 5
    e. 2
    f. 4

22. Evaluated to the satisfaction of the instructor

ASSESSMENT AND MANAGEMENT OF DISEASES AND DISORDERS OF THE MUSCULOSKELETAL SYSTEM
UNIT VI

UNIT OBJECTIVE

After completing this unit, the student should be able to plan and give care to patients with diseases or disorders of the musculoskeletal system. The student will show this knowledge by completing the assignment sheet, job sheets, and unit test with a minimum score of 85 percent.

SPECIFIC OBJECTIVES

After completing this unit, the student should be able to

1. Match to their correct definitions terms associated with diseases and disorders of the musculoskeletal system.
2. List procedures used to diagnose diseases and disorders of the musculoskeletal system.
3. Match common musculoskeletal injuries to their correct descriptions.
4. Match types of fractures to their correct descriptions.
5. Select from a list common primary and secondary complications of fractures.
6. List methods used to treat fractures.
7. Arrange in order the stages of bone healing.
8. State nursing responsibilities and interventions for caring for a patient in a cast.
9. Distinguish between symptoms that indicate infection under the cast and those that indicate cast pressure.
10. Describe methods of internal fixation used in treating fractures.
11. Match methods of treating hip fractures to their correct descriptions.
12. Describe treatment of fractures with splints.
13. State steps to follow when helping patients adjust to crutches.
14. Identify types of traction.
15. State nursing responsibilities and interventions for caring for a patient in traction.

OBJECTIVE SHEET

16. Match to their correct descriptions common diseases and disorders of the musculoskeletal system.

17. Identify common musculoskeletal diseases and disorders according to their symptoms and interventions.

18. Match types of arthritis to their correct descriptions.

19. Identify types of arthritis according to their symptoms and interventions.

20. Match to their correct descriptions common diseases and disorders of the musculoskeletal system that specifically affect the pediatric patient.

21. Identify according to their symptoms and interventions common diseases and disorders of the musculoskeletal system that specifically affect the pediatric patient.

22. Match to their correct descriptions common surgical interventions used in treating musculoskeletal diseases and disorders.

23. State general nursing responsibilities and interventions for caring for surgical orthopedic patients.

24. State nursing responsibilities and interventions for caring for a patient with a limb amputation.

25. Plan care for patients with diseases and disorders of the musculoskeletal system.

26. Demonstrate the ability to

    a. Check circulation of a patient in a cast.

    b. Assist with the removal of a cast.

    c. Teach crutch walking.

    d. Care for a patient in traction with pins.

    e. Apply cervical or pelvic traction.

    f. Perform logrolling and positioning.

    g. Wrap a leg amputation stump.

    h. Apply a leg prosthesis.

ASSESSMENT AND MANAGEMENT OF DISEASES AND DISORDERS OF THE MUSCULOSKELETAL SYSTEM
UNIT VI

SUGGESTED ACTIVITIES

I. Unit contents

  A. Objective sheet

  B. Suggested activities

  C. Information sheet

  D. Transparency masters

    1. TM #1 — Types of Arm Casts

    2. TM #2 — Types of Leg Casts

    3. TM #3 — Types of Shoulder Spica Casts

    4. TM #4 — Types of Hip Spica Casts

    5. TM #5 — Types of Body Casts

  E. Assignment Sheet #1 — Plan Care for Patients with Diseases and Disorders of the Musculoskeletal System

  F. Answers to assignment sheet

  G. Job sheets

    1. Job Sheet #1 — Check Circulation of a Patient in a Cast

    2. Job Sheet #2 — Assist with the Removal of a Cast

    3. Job Sheet #3 — Teach Crutch Walking

    4. Job Sheet #4 — Care for a Patient in Traction with Pins

    5. Job Sheet #5 — Apply Cervical or Pelvic Traction

    6. Job Sheet #6 — Perform Logrolling and Positioning

    7. Job Sheet #7 — Wrap a Leg Amputation Stump

    8. Job Sheet #8 — Apply a Leg Prosthesis

  H. Test

  I. Answers to test

SUGGESTED ACTIVITIES

II. Instructor's guide

A. Order filmstrips to supplement unit.

(NOTE: The following filmstrips are available from the Trainex Corporation, P.O. Box 116, Garden Grove, California 92642.)

1. *Care of the Patient in a Cast*
2. *Care of the Patient with a Total Hip Replacement*
3. *Care of the Patient in Traction*
4. *Care of the Patient in Cervical Traction*
5. *Teaching Crutch Walking*
6. *Use of Crutches*
7. *Surgical Treatment of a Herniated Disc*

   (NOTE: If preferred, *Surgical Treatment of a Herniated Disc* may be shown when teaching the unit related to neurological diseases and disorders.)
8. *Degenerative Joint Disease—A Case Study*
9. *Fractures and Splinting*
10. *Rheumatic Diseases in Children and Young Adults*
11. *Rheumatoid Arthritis—A Case Study*

B. Introduce unit by stressing the need for individuals to protect the musculoskeletal system to prevent the occurrence of diseases and disorders.

SUGGESTIONS:

- Review the need for good body mechanics to promote a healthy musculoskeletal system.
- Ask students to bring to class articles concerning the maintenance of good musculoskeletal health through a variety of exercise programs. Discuss the advantages and disadvantages of the programs.

C. Review the normal anatomy and physiology of the musculoskeletal system.

SUGGESTION:

- Give students the unit test from *Practical Nursing: Volume I*, Unit VII, "Musculoskeletal System and Patient Movement," to evaluate their knowledge of this system.

SUGGESTED ACTIVITIES

D. Provide students with objective sheet.

E. Discuss unit and specific objectives.

F. Provide students with information, assignment, and job sheets.

G. Discuss information, assignment, and job sheets.

1. Discuss Information Sheet, Sections I and II. Emphasize the need for early detection of musculoskeletal diseases and disorders to prevent lasting deformities.

   SUGGESTIONS:

   - Take students on a field trip to observe the equipment used for diagnosis of musculoskeletal diseases and disorders.
   - Obtain radiographs, electromyograms, and bone scans that show injuries and degenerative conditions.

2. Discuss Information Sheet, Section III. Review first-aid treatments of musculoskeletal injuries, and discuss how early treatment can prevent more serious damage.

   SUGGESTION:

   - Invite an emergency paramedic to demonstrate the equipment and procedures used to treat musculoskeletal injuries before a patient is brought to the hospital.

3. Discuss Information Sheet, Sections IV through VII. Focus on the many types of fractures that may occur and the treatments needed to repair bones.

   SUGGESTIONS:

   - Use the pictures in this unit to make flash cards of the different types of fractures so that students may learn to identify each type.
   - Relate the different methods of treating fractures to the types of fractures involved.
   - Make poster board cutouts of the different types of fractures, and make a mobile to hang in the classroom.
   - Ask students to identify the bones on a skeleton and to discuss the various types of fractures that could occur in each.

SUGGESTED ACTIVITIES

4. Discuss Information Sheet, Sections VIII and IX. Emphasize the importance of the care of the cast in relation to the correct healing of fractures.

   SUGGESTIONS:

   - Obtain cast material and apply a cast to one student; ask other students to assist in the application.
   - Demonstrate Job Sheets #1 and #2. Have students complete these job sheets.
   - Show filmstrip *Care of the Patient in a Cast.*
   - Show Transparencies #1 through #5, and discuss types of fractures that might be treated in the casts pictured.

5. Discuss Information Sheet, Sections X and XI, explaining internal fixation treatment of fractures and the care of the patient with this type of treatment. Supplement with a variety of materials.

   SUGGESTIONS:

   - Obtain types of pins, nails, wires, screws, and knee or hip prosthesis devices to give students an idea of how internal fixation is accomplished.
   - Show filmstrip *Care of the Patient with a Total Hip Replacement.*
   - Obtain permission for students to observe surgical internal fixation procedures.

6. Discuss the use of splints in Information Sheet, Section XII as first-aid measures and as treatment methods.

   SUGGESTION:

   - Obtain several types of splints for demonstration purposes. Review how a splint can be used to prevent further damage to an injury, and discuss the use of a splint for treatment purposes.

7. Discuss Information Sheet, Section XIII. Stress safety factors when teaching students to assist patients with crutches.

   SUGGESTIONS:

   - Take students to a physical therapy department and have the therapist teach them safety measures to use when teaching patients crutch walking.
   - Obtain several different types of crutches for students to use when completing the crutch-walking procedures in Job Sheet #3.

SUGGESTED ACTIVITIES

8. Discuss Information Sheet, Sections XIV and XV. Emphasize the importance of the proper use of traction from first application throughout its use. Stress the proper maintenance of equipment for safe patient care.

   SUGGESTIONS:

   - Show filmstrips *Care of the Patient in Traction* and *Care of the Patient in Cervical Traction*. Follow up by teaching skills in Job Sheets #4 and #5. Have students complete Job Sheets #4 and #5.
   - Take a field trip to an orthopedic unit to observe the different types of traction equipment.
   - Contact the Zimmer-USA Company, Warsaw, Indiana 46580 for materials related to the care of patients in traction.

9. Discuss Information Sheet, Sections XVI and XVII. Emphasize the importance of early diagnosis of musculoskeletal diseases and disorders in preventing permanent deformities or complications.

   SUGGESTIONS:

   - Ask an orthopedist to speak to the class about musculoskeletal diseases and disorders and current treatments.
   - Obtain pictures of patients with various types of musculoskeletal diseases and disorders. Discuss the effects of such diseases and disorders on life-style.

10. Discuss Information Sheet, Section XIX. Focus on current methods of treatment for various types of arthritis, and explain how patients are able to function more effectively after such treatments.

    SUGGESTIONS:

    - Show filmstrips *Degenerate Joint Disease—A Case Study* and *Rheumatoid Arthritis—A Case Study*.
    - Ask a patient who has had surgery to treat arthritis and who has received a prosthesis to speak to the class about the condition and about the nature and effects of the surgery.
    - Obtain and show students self-help devices that are available for patients with arthritis to help them function in daily-living tasks.

SUGGESTED ACTIVITIES

11. Discuss Information Sheet, Sections XX and XXI. Stress the importance of assessing patients for locomotion problems and of identifying symptoms of musculoskeletal diseases and disorders as early as possible in the pediatric patient.

    SUGGESTIONS:

    - Review assessment techniques and discuss the importance of evaluating the young pediatric patient for locomotion problems.
    - Contact the Muscular Dystrophy Association of America, Inc., 810 Seventh Avenue, New York, New York 10019 for material related to their involvement and services available for families and patients with muscular dystrophy.
    - Contact the local chapter of the March of Dimes for material related to their involvement and services available for families and patients with diseases and disorders of the musculoskeletal system.
    - Plan an activity at a local elementary school and have student nurses check children for scoliosis.

12. Discuss Information Sheet, Sections XXII and XXIII. Emphasize the importance of carrying out nursing interventions in caring for orthopedic surgical patients.

    SUGGESTIONS:

    - Obtain permission for students to observe orthopedic surgery.
    - Remind students of neurological implications in surgical procedures or injuries related to the spinal column.
    - Stress the importance of learning to perform the logrolling technique in Job Sheet #6, and discuss patients who may require logrolling because of various conditions. Have students complete Job Sheet #6.

13. Discuss Information Sheet, Section XXIV. Focus on the psychological implications as well as the physical aspects in caring for the patient with an amputation. Have students complete Assignment Sheet #1.

    SUGGESTIONS:

    - Invite an amputee to speak to the class about reasons for the amputation, feelings about the loss, and functioning with or without a prosthesis.

SUGGESTED ACTIVITIES

- Invite a prosthesis technician to bring various types of new prostheses to the class and to demonstrate their uses.
- Demonstrate skills in Job Sheets #7 and #8. Have students complete Job Sheets #7 and #8.

H. Give test.

I. Reteach if necessary.

III. Unit references

A. Brunner, Lillian Sholtis, and Doris Smith Suddarth. *Textbook of Medical-Surgical Nursing*, 4th ed. Philadelphia: J.B. Lippincott Company, 1980.

B. Hood, Gail H., and Judith R. Dincher. *Total Patient Care: Foundations and Practice*. St. Louis: The C. V. Mosby Company, 1980.

C. Rogers, Helen V. *Nursing III: A Course of Study*. Stillwater, Oklahoma: State Department of Vocational and Technical Education/Curriculum and Instructional Materials Center, 1976.

D. Rosdahl, Caroline Bunker. *Textbook of Basic Nursing*, 3rd ed. Philadelphia: J.B. Lippincott Company, 1981.

E. Scherer, Jeanne C. *Introductory Medical-Surgical Nursing*. Philadelphia: J.B. Lippincott Company, 1977.

F. Tucker, Susan Martin, et al. *Patient Care Standards*. St. Louis: The C. V. Mosby Company, 1980.

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ASSESSMENT AND MANAGEMENT OF DISEASES AND DISORDERS OF THE MUSCULOSKELETAL SYSTEM
UNIT VI

INFORMATION SHEET

I. Terms and definitions

A. Orthopedics — Branch of medicine dealing with prevention or correction of diseases and disorders involving the locomotor structure of the body

B. Reduction — Procedure for bringing two fragments of bone into proper alignment

C. Hematoma — Mass resulting from coagulation of blood in a tissue or cavity

D. Cast — Solid mold of a part; usually applied directly to provide immobilization of part

(NOTE: Plaster of paris is the usual basic substance for casts. New lighter casts made of synthetic fibers that do not require water in preparation and that resist water are being developed.)

E. Spica cast — Orthopedic cast that encases part or all of the trunk and immobilizes one or more of the extremities

F. Internal fixation — Immobilization of a part by the operative insertion of one or more metal devices

G. Traction — Exertion of a pulling force, such as that applied to a fractured bone or dislocated joint to maintain proper position and to facilitate healing

H. Splint — Support made of wood, metal, plaster, heavy plastic filled with air, or other rigid material for supporting a fracture or restricting the movement of any movable part

II. Procedures used to diagnose diseases and disorders of the musculoskeletal system

A. Radiography

B. Laboratory tests

(NOTE: Tests may be done on bone and muscle samples and by evaluating the amount of calcium and phosphorus in the blood.)

C. Electromyography

(NOTE: The electromyograph measures electrical impulses within the muscle so that the physician can determine whether the muscle is responding normally to a stimulus.)

INFORMATION SHEET

D. Reflex test

(NOTE: This test determines the ability of the muscles to react to nervous stimuli and measures the functions of the nervous system.)

E. Bone scan

(NOTE: This test uses a scanner or scintillation counter to record on film or paper the distribution of a radioactive isotope in bone lesions or diseased areas.)

III. Descriptions of common musculoskeletal injuries

A. Contusion — Injury to soft tissues by a blunt force; causes ecchymosis and possibly a hematoma

(NOTE: Treatment of contusions include elevating the affected part and applying first cold and then heat to the area. Elastic wraps may be used to reduce swelling and hemorrhaging.)

B. Sprain — Stretched or torn ligament due to a wrench or twist of a joint; causes pain, swelling, ecchymosis, and immobility

(NOTE: Treatment depends on the severity of the condition. Patients should be x-rayed to make sure that the bones have not been injured.)

C. Strain — Injury to musculotendinous unit by excessive force or stretching; causes hemorrhage into muscle

(NOTE: Sprains and strains may be treated with cold compresses and then with heat, and then be splinted or wrapped for support.)

D. Dislocation — Displacement of a bone from its normal position in a joint due to ligaments giving away completely; causes pain, abnormal position of joint, and immobility

(NOTE: Treatment includes an x ray to assess the damage, and then reduction of the dislocation, usually under some type of anesthesia, with the application of splints to immobilize the joints while healing takes place.)

E. Fracture — Break in a bone; causes abnormal position of bones, pain, and immobility

F. Herniated disc — Rupture of an intervertebral disc from between the vertebrae, usually in the lumbar area; causes pain in affected side

(NOTE: Herniated discs cause a great deal of pain due to the compression of the spinal column and the nerves in the area of herniation. Treatment is aimed at relieving pain and increasing the patient's functioning. Bed rest is maintained, and muscle spasms are controlled through medication. Surgery may be needed to remove the ruptured discs. Research and experimentation are now taking place using a type of chemonucleolysis, which requires injecting an enzyme into the diseased disc to try to dissolve the damaged tissue.)

INFORMATION SHEET

IV. Descriptions of types of fractures (Figures 1-8)

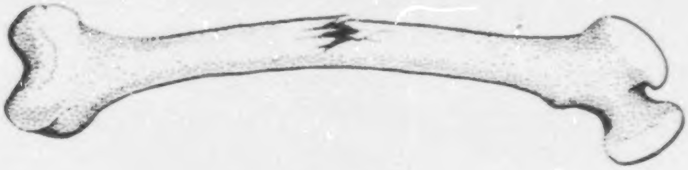
(NOTE: Fractures may be described in several ways. Therefore, a fracture may represent several of the following types. For example, a fracture may be compound, complete, and oblique, each term describing a different aspect of the fracture.)

A. Greenstick — Bone bends and splits but does not completely break

(NOTE: This break is most common in children because their bones are very soft and pliable.)

EXAMPLE:

FIGURE 1



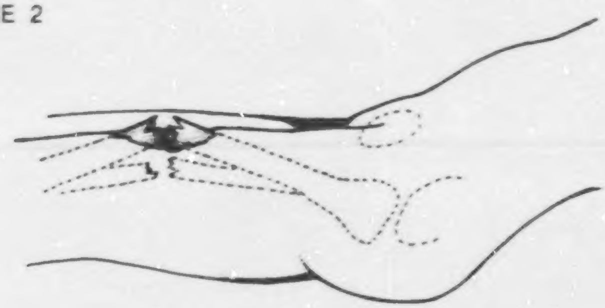
B. Simple — Break makes no open wound

(NOTE: A simple break is also referred to as a *closed fracture*.)

C. Compound — Bone breaks through skin causing an open wound

EXAMPLE:

FIGURE 2



D. Incomplete — Break does not involve complete cross section of bone

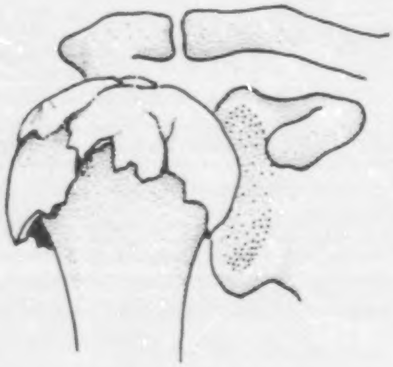
E. Complete — Break involves entire cross section of bone

INFORMATION SHEET

F. Impacted — Break involves fragments of one bone being driven into a second bone

EXAMPLE:

FIGURE 3



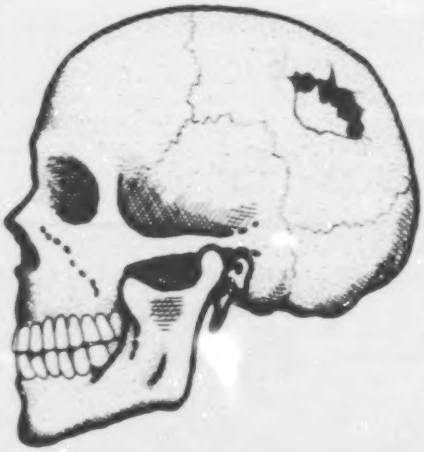
G. Pathologic — Break occurs without force or injury

(NOTE: Spontaneous breaks may be due to types of malnutrition, porous bones, or cancer; or may result as a complication of cortisone or ACTH therapy.)

H. Compression (depressed) — Break dents bone inward

EXAMPLE:

FIGURE 4

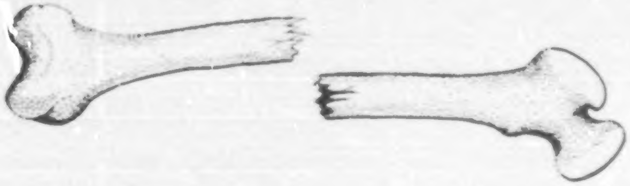


INFORMATION SHEET

I. Transverse — Break occurs at right angle to axis of bone

EXAMPLE:

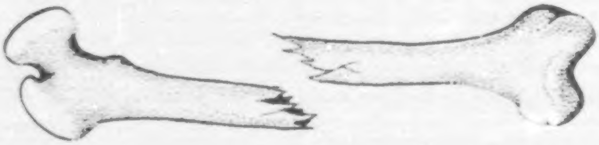
FIGURE 5



J. Oblique — Break slants across bone

EXAMPLE:

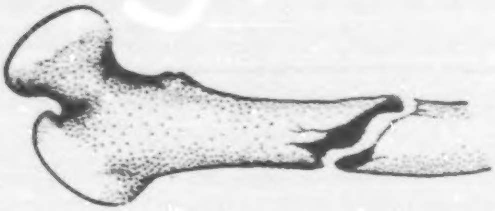
FIGURE 6



K. Spiral — Break twists around shaft of bone

EXAMPLE:

FIGURE 7

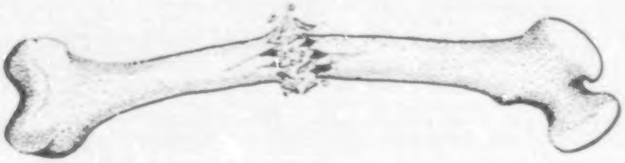


INFORMATION SHEET

L. Comminuted — Break splinters or crushes bone

EXAMPLE:

FIGURE 8



V. Common primary and secondary complications of fractur

A. Primary

1. Nonunion of bone ends
2. Nerve damage
3. Blood vessel damage
4. Embolism
5. Wound infection
6. Shock
7. Hemorrhage
8. Fat embolism

B. Secondary

1. Urinary infections and possible nephrolithiasis
2. Thrombophlebitis
3. Contractures
4. Decubitus ulcers
5. Osteomyelitis
6. Paralytic ileus

INFORMATION SHEET

VI. Methods used to treat fractures

(NOTE: Depending on the type of fracture, treatment may include the use of open or closed reductions or a combination of methods.)

A. Open reduction

(NOTE: Under some type of anesthesia, the bone is surgically exposed and realigned. Splints, traction, or casts are used to immobilize the injured area.)

B. Closed reduction

(NOTE: A closed reduction is performed by gently manipulating the bones into alignment. The injured area is then placed in a splint, cast, or traction for further healing.)

C. Internal fixation

(NOTE: Internal fixation requires the bone to be surgically exposed, realigned, and immobilized by the insertion of a metal device[s].)

VII. Stages of bone healing

A. Hematoma formation

(NOTE: Blood that oozes from the torn vessels forms a hematoma between the two ends of the broken bone.)

B. Cellular proliferation

(NOTE: At this time, fibroblastic and endothelial cells enter the clot and begin forming granulated tissue, which forms a bridge between the bones.)

C. Callus formation

(NOTE: Young bone cells form in the tissue, and the broken bones begin to knit.)

D. Callus ossification or union

(NOTE: The young cells are replaced by mature bone cells. Ossification takes place to strengthen and repair the broken bone.)

INFORMATION SHEET

VIII. Nursing responsibilities and interventions for caring for a patient in a cast (Transparencies #1-#5, Job Sheets #1 and #2)

(NOTE: The main purposes of a cast are to immobilize and hold the bone fragments in place, to apply uniform compression of soft tissues, and to permit early weight-bearing activities.)

A. Application of cast

1. Explain procedure to patient

2. Administer any prescribed medications

   EXAMPLES: Analgesics, antibiotics, tetanus toxoid

3. Prepare patient

4. Prepare all needed equipment

   EXAMPLES: Plaster rolls, stockinette, tepid water

5. Assist physician in application process

B. Care of cast

1. Handle the wet cast carefully; use palms of hands when lifting or moving

   (NOTE: A plaster cast takes about twenty-four to forty-eight hours to dry. Using fingertips on a wet cast causes dents in the wet plaster and may create pressure points inside the cast. A dry cast is white, shiny, odorless, and hard and has a resonant sound when tapped. A new synthetic casting material has been developed. It is lighter than plaster and can be exposed to water without damage. Follow manufacturer's instructions if assisting in the application procedure for this type of cast.)

2. Support cast with pillows to preserve contour and to prevent edema of limb

3. Leave cast uncovered to aid in drying process

4. Pad cast if rough edges are present

   (NOTE: If the stockinette is used and can be pulled down and out of openings, it may be taped in place to protect the edges of the cast.)

5. Remove excess plaster from skin around cast

INFORMATION SHEET

6. Protect a cast near the perineal area by placing waterproof materials around the cast opening

7. Make sure that patient does not put any objects into cast

   (NOTE: Patients may try to put objects in the cast, or crumbs may fall into the cast. Discourage patients from using sharp devices under the cast to scratch the area.)

C. Care of patient

1. Keep patient warm while cast is drying

2. Check frequently for signs of pressure, infection, hypostatic pneumonia, and circulatory impairment

   (NOTE: Be sure to evaluate all complaints of pain thoroughly; serious side effects could occur.)

3. Encourage exercise of other body parts

4. Keep skin in good condition and protect skin from irritation

   (NOTE: Bedfast patients with casts need protection from constant skin irritation. Frequent turning and positioning will help exercise other parts of the body and prevent constant irritation of the same areas. Use sheepskin or other materials to pad bony prominences.)

5. Encourage coughing and deep breathing to prevent hypostatic pneumonia

6. Provide a diet high in protein to promote healing, and provide a diet high in bulk and fluids to aid in elimination

7. Provide diversional activities to distract patient from immobile state

8. Use logrolling method to turn patient in a hip spica cast

D. Removal of cast

1. Explain procedure to patient

   (NOTE: Patients are fearful of the removal process when they see or hear the cast saw. Explain how the saw works and how the patient can cooperate in the procedure.)

2. Assist physician in removal process

3. Remove all padding, plaster dust, and any cast material

   (NOTE: Washing affected area gently with mild soap and water may be done to remove the dust. Lotion may be applied if no wound is present.)

INFORMATION SHEET

4. Note any orders for physical therapy or for exercises that patient must perform

5. Give patient home-care instructions as ordered by physician

IX. Symptoms that indicate infection under the cast or cast pressure

A. Symptoms that indicate infection under cast

1. Increased warmth of skin around casted area

2. Elevated vital signs

3. Elevated white cell count

4. Purulent drainage on cast

(NOTE: If fracture is compound, the area of the wound should be noted and indicated on cast. If drainage appears, the amount, color, consistency, time, odor, and size of stained area should be noted according to policy.)

5. Odor of decaying tissue

B. Symptoms that indicate cast pressure

1. Immobility of limb

2. Edema of limb at edges of cast and in fingers or toes

3. Blanched or cyanotic skin color

4. Severe pain

5. Temperature of fingers or toes colder than those on unaffected side

6. Weak or absent pulse

7. Numbness in limb

X. Methods of internal fixation used in treating fractures

A. Nails may be driven into the length of long bone to reduce fracture

B. Metal plates applied with screws may be permanently put in place to hold bones that have been fractured in several places

C. Pins or screws may be used to hold bone fragments in place

D. Wires may be used to hold fragments of bones together

INFORMATION SHEET

XI. Methods of treating hip fractures

(NOTE: Hip fractures include fractures of the head of the femur and of the neck of the trochanter.)

A. Hip pinning — Using pins to hold bones in place

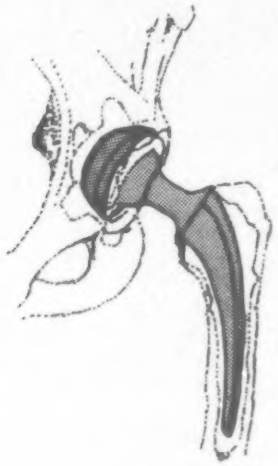
B. Hip prosthesis — Using synthetic devices to replace fractured bones that cannot be realigned

(NOTE: The hip prosthesis is used for other degenerative conditions, including arthritis and vascular necrosis.)

C. Total hip replacement — Removing femoral head and acetabulum and replacing them with synthetic parts (Figure 9)

EXAMPLE:

FIGURE 9



XII. Treatment of fractures with splints

(NOTE: Splints may be used in the initial treatment of fractures. Inflatable plastic splints have been developed to use in emergencies to immobilize and support limbs while transporting the patient to a medical facility for further treatment.)

A. Fractures may be immobilized with splints made of plaster, using one-half or both halves of cast

INFORMATION SHEET

B. Fractures may need the Thomas or ring splint and slings used with various types of traction

(NOTE: Splints help support the limb while traction is maintained.)

C. Fractures may be treated with a removable splint that allows for treatment and observation of affected area

XIII. Steps to follow when helping patients adjust to crutches (Job Sheet #3)

A. Teach conditioning exercises

(NOTE: Even before a patient stands and attempts to use crutches, exercises can be taught to prepare the body for action. The patient should learn good posture, regain sense of balance, and strengthen arm and shoulder muscles.)

B. Select the right type of crutches

EXAMPLES: Padded wooden, light metal

C. Measure patient for crutches

(NOTE: Crutches must be adjusted for each patient. If too long or too short, the crutches can cause problems.)

D. Teach crutch-walking gaits according to the disability and patient's strength

XIV. Types of traction (Figures 10-16)

(NOTE: Traction exerts a pulling force on the bones to pull them into alignment until they heal. The strength of the traction must be enough to counter the pull of the muscles. Traction requires weights, pulleys, and counterbalance equipment.)

A. Skeletal

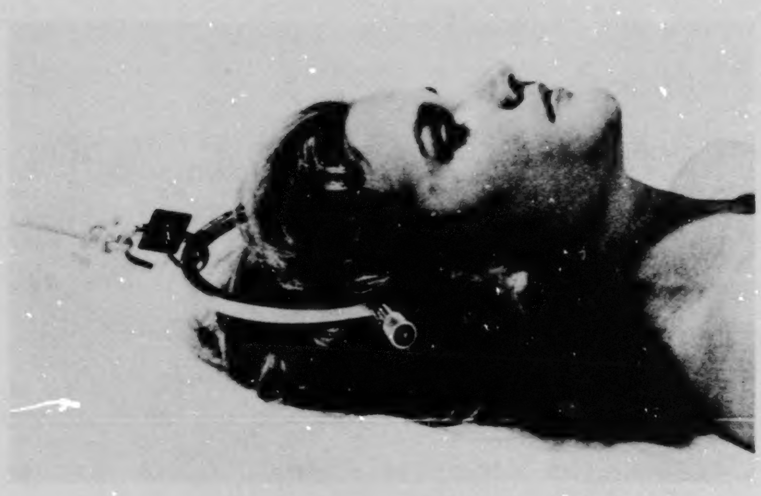
(NOTE: Skeletal traction applies pull directly to the bones.)

1. Skull tongs

(NOTE: Skull tongs are used primarily with fractures of the cervical vertebrae. Under local anesthesia, two holes are drilled into the sides of the head for the insertion of the tongs. Pulleys and weights are added according to the amount of traction needed. See Figure 10.)

INFORMATION SHEET

FIGURE 10

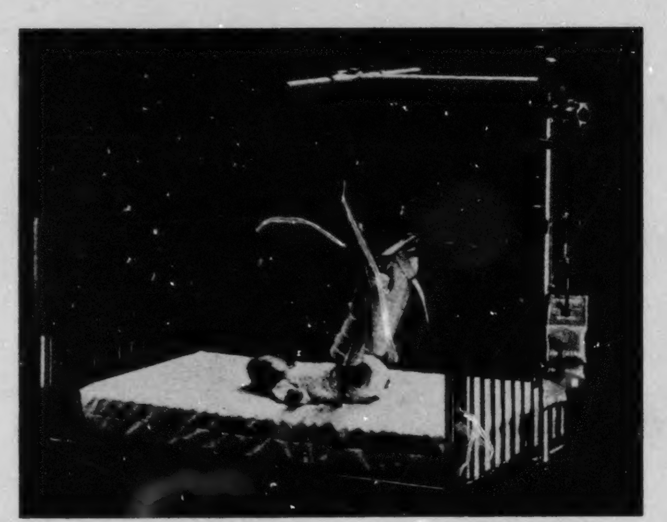


Courtesy of Zimmer, Incorporated, Warsaw, Indiana.

2. Bryant's traction

   (NOTE: Bryant's traction is used only on children under 40 pounds with fractured femurs and to stabilize joints.)

FIGURE 11



Courtesy of Zimmer, Incorporated, Warsaw, Indiana.

INFORMATION SHEET

3. Buck's extension

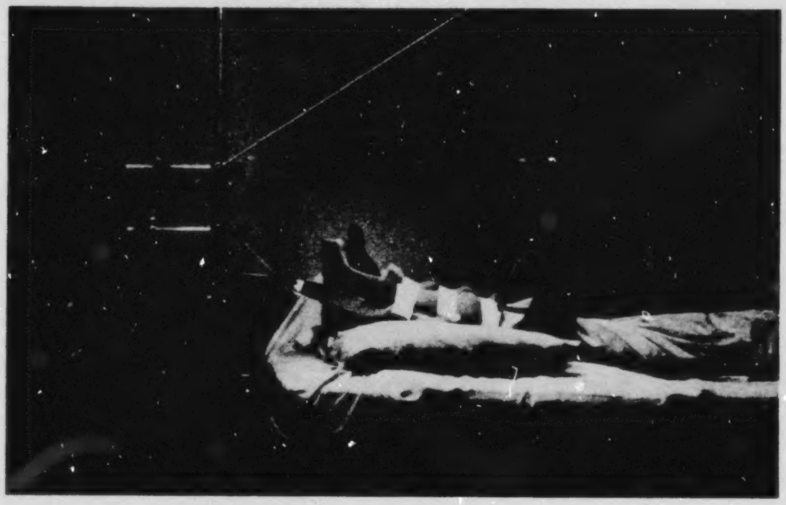
(NOTE: Buck's extension is used to treat patients with hip fractures, sciatica, or pathological conditions of the hip or knee.)

FIGURE 12

4. Russell's traction

(NOTE: Russell's traction is usually combined with Buck's extension. The addition of a sling suspends and supports the limb in traction.)

FIGURE 13



INFORMATION SHEET

5. Pelvic traction

(NOTE: Pelvic traction is used for patients with low back pain associated with muscle spasms, sciatica, or minor fractures of the lower spine.)

FIGURE 14

B. Skin

(NOTE: Skin traction requires that elastic bandages, foam boots, belts, halters, or other devices be applied to the skin before attaching traction weights and pulleys.)

1. Cervical traction

(NOTE: Cervical traction is used in patients with cervical myositis, subluxations, dislocations, and minor fractures. See Figure 15.)

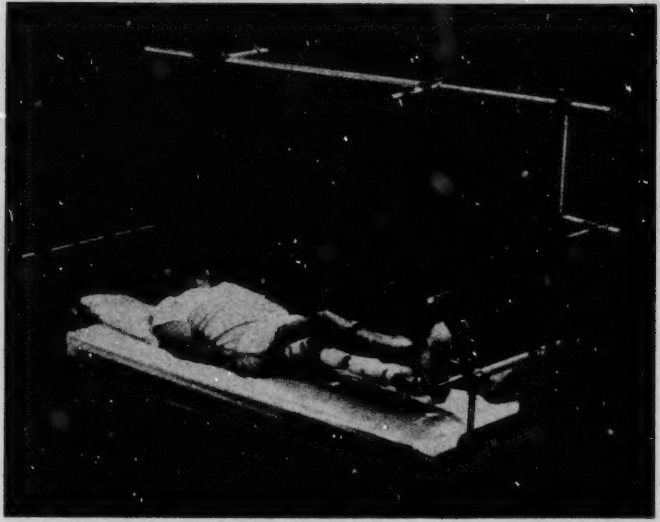
INFORMATION SHEET

FIGURE 15

2. Steinmann pin or Kirschner wire with balanced suspension

   (NOTE: Balanced suspension is used to reduce fractures of the femoral shaft, hip, lower leg, or combinations of the three.)

FIGURE 16



Courtesy of Zimmer, Incorporated, Warsaw, Indiana.

INFORMATION SHEET

XV. Nursing responsibilities and interventions for caring for a patient in traction (Job Sheets #4-#6)

A. Support affected area with appropriate materials

(NOTE: Some physicians prefer the use of pillows, while other physicians prefer the use of sandbags. The major effort is to keep the patient's limb in proper alignment.)

B. Encourage patient to periodically exercise feet or hands if traction has been applied to legs or arms

C. Check pulleys and ropes frequently to make sure that ropes are in grooves and that weights are hanging free from bed

(CAUTION: *Never* remove the weights without an order.)

D. Observe patient's skin color

(NOTE: Be sure to observe the overall skin condition; a patient confined in traction may be irritated by the sheets.)

E. Check for sensation distal to area in traction

F. Keep patient in proper body alignment through an established line of pull by traction

G. Encourage intake of fluids and easily digested food with enough cellulose to prevent constipation

H. Assess urinary system by checking I & O, observing for abdominal distention, and noting any symptoms of infection

I. Encourage patient to cough, breathe deeply, and turn frequently if possible

J. Encourage patient to be as independent as possible

K. Provide good skin care

L. Use a fracture pan for elimination if appropriate

(NOTE: A fracture pan is easier to slip under a patient's hips and is more comfortable to use than a regular bedpan.)

M. Provide moral support and diversional activities

INFORMATION SHEET

XVI. Descriptions of common diseases and disorders of the musculoskeletal system

A. Bursitis — Inflammation of the bursa

(NOTE: Bursitis is caused by an increase in fluid, distention, and calcification.)

B. Tenosynovitis — Inflammation of a tendon

(NOTE: Tenosynovitis is produced by infection in a wound, from nearby tissues, or from a systemic infection.)

C. Ganglion — Mass of nervous tissue caused by distended synovial sacs under the skin near a joint; usually occurs at wrist

D. Osteomyelitis — Infection of a bone

E. Arthritis — Inflammation of joints

XVII. Symptoms and interventions for common diseases and disorders of the musculoskeletal system (Table 1; Assignment Sheet #1)

TABLE 1

Disease or Disorder	**Symptoms**	**Interventions**
Bursitis	Pain and tenderness of joints Limited motion of joints	Apply heat to affected areas Encourage patient to rest joint Assist in x-ray therapy or surgery if condition becomes severe
Tenosynovitis	Pain and tenderness with movement Swelling Limited motion of joints	Apply heat to sore area Encourage patient to rest area Discourage activities that cause condition
Ganglion	Mass appears at site Soreness when bumped	Assist with excision of mass if repeated occurrences
Osteomyelitis	Fever Pain Nausea Headache Elevation of WBC Tenderness and swelling of area	Administer specific prescribed antibiotics Provide for rest Encourage balanced diet and fluid intake Maintain absolute bed rest in acute stage Assist with surgical drainage and care of wound Observe for symptoms of infection in other areas of the body

INFORMATION SHEET

XVIII. Descriptions of types of arthritis

(NOTE: Inflammation of joints is one of a group of rheumatic diseases that causes a large number of deformities. Traumatic injuries can also lead to arthritis.)

A. Infectious arthritis — Attack of joint by pathogenic microorganisms

B. Rheumatoid arthritis — Inflammation of joints that causes deformities by destroying cartilage and forming tough tissue that prevents movement

C. Osteoarthritis — Inflammation of joints that leads to destructive changes, pain, and immobility

D. Gout — Inflammation of big toe, instep, ankle, or knee produced from accumulation of uric acid in bloodstream that crystalizes and deposits in the joints

(NOTE: Gout occurs as an error of uric acid metabolism.)

XIX. Symptoms and interventions for types of arthritis (Table 2)

TABLE 2

Arthritis	Symptoms	Interventions
Infectious	Pain and swelling around joint Presence of pathogenic microorganisms in fluid withdrawn from joint	Give prescribed antibiotics Maintain bed rest
Rheumatoid	Swelling of joint Fixation of joint, limiting movement Nodules over pressure points Redness in finger joints Wasted muscles around affected joints	Encourage balanced diet and exercise program Administer prescribed salicylates to relieve joint pain Administer prescribed anti-inflammatory drugs Assist with care of patient after surgery to replace joints
Osteoarthritis	Stiffness of joints developing slowly Pain upon movement	Encourage patient to rest affected joints and to exercise moderately to avoid total immobility Apply local heat Administer prescribed salicylates Recommend weight loss for obese patients Provide self-help devices for daily living

INFORMATION SHEET

Arthritis	Symptoms	Interventions
Gout	Severe pain Swelling Redness (NOTE: Symptoms may be triggered by alcohol, allergy, injury, infection, nitrogenous or fatty foods, or antibiotics. Emotional stress or changes in environment usually bring on attacks.)	Teach patient to avoid foods that contain high purine levels (liver, bacon, goose, salmon, beans, peas, sardines, kidneys) Use bed cradle to prevent linens from touching joint Apply cold or warm compress gently to area Encourage exercising after pain and redness stop Administer Colchicine if prescribed to relieve symptoms

XX. Common diseases and disorders of the musculoskeletal system that specifically affect the pediatric patient

A. Congenital hip dysplasia — Malformation of hip that appears as a dislocation of hip joint

B. Congenital clubfoot — Deformity that abnormally twists a foot or feet out of shape or position

(NOTE: The usual position where the feet are bent inward is known as *talipes varus.*)

C. Osteogenesis imperfecta — Disorder of connective tissue that results in defective bone and increased fragility of bone

D. Legg-Calvé-Perthes disease (coxa plana) — Aseptic necrosis of femoral head

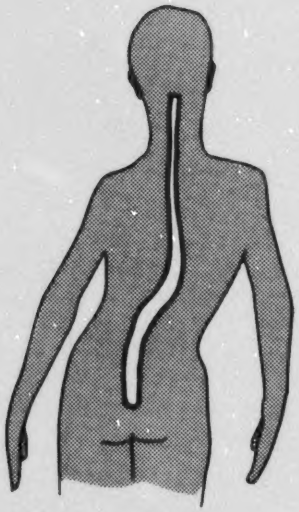
(NOTE: This disease is self-limiting and should be treated as early as possible.)

E. Scoliosis — Lateral curvature of spine (See Figure 17)

INFORMATION SHEET

EXAMPLE:

FIGURE 17



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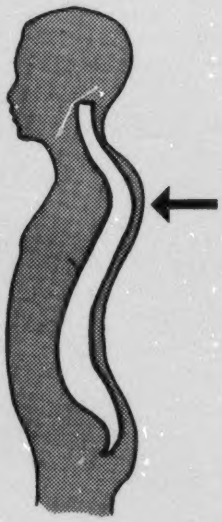
F. Kyphosis — Exaggerated angulation of normal posterior curve of spine; hunchback (Figure 18)

EXAMPLE:

FIGURE 18



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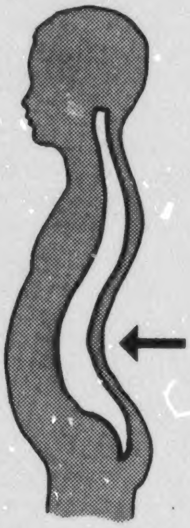
INFORMATION SHEET

G. Lordosis — Abnormal anterior convexity of spine; swayback (Figure 19)

EXAMPLE:

FIGURE 19



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H. Pott's disease — Tuberculosis of spine; affects lower thoracic spine most frequently

I. Osteogenic sarcoma — Bone cancer found in lower extremities with primary sites in long bones

J. Ewing's sarcoma — Bone cancer that attacks shafts of long and trunk bones, specifically in marrow spaces

K. Juvenile rheumatoid arthritis — Inflammatory disease affecting synovium and causing eventual erosion, destruction, and fibrosis of articular cartilage

L. Rickets — Deficiency condition that causes shape and structure abnormalities of bone due to lack of vitamin D

M. Systemic lupus erythematosus (SLE) — Chronic inflammatory disease of the collagen or supporting tissues of the body; causes fibroid deposits in connective tissues and blood vessels in affected area

INFORMATION SHEET

N. Muscular dystrophy — Gradual degeneration of muscle fibers that results in progressive weakness and wasting of symmetric groups of skeletal muscles; leads to disability and deformity

(NOTE: There are various forms of muscular dystrophy, each affecting different muscle groups. The most common muscular dystrophy seen in childhood is pseudohypertrophic muscular dystrophy or Duchenne's muscular dystrophy. All forms have genetic origins, with Duchenne's muscular dystrophy affecting males almost exclusively.)

O. Rhabdomyosarcoma — Soft-tissue sarcoma originating in striated skeletal muscles

(NOTE: These sarcomas originate from undifferentiated mesenchymal cells in muscle tendons, bursae, and fascia; or in fibrous, connective, lymphatic, or vascular tissue. The malignant neoplasms occur in children of all ages, but occur more commonly in children ages two to six or younger than one year.)

XXI. Symptoms and interventions for common diseases and disorders of the musculoskeletal system that specifically affect the pediatric patient (Table 3)

TABLE 3

Disease or Disorder	Symptoms	Interventions
Congenital hip dysplasia	Restricted abduction of affected limb Shortening of limb Asymmetric thigh and gluteal folds Broadening of perineum Waddling gait and marked lordosis as child begins walking	*Infant*—Use pillow splint or cast to hold joint in full abduction *Toddler*—Use cast or open reduction plus hip spica cast *Older child*—Use open reduction after a progressive treatment of traction
Congenital clubfoot	Abnormal turning in or out of feet	Apply series of casts until marked overcorrection occurs, or use Denis Browne splint and corrective shoes

INFORMATION SHEET

Disease or Disorder	Symptoms	Interventions
Osteogenesis imperfecta (NOTE: This rare hereditary disorder may be present at birth and may be characterized by intrauterine or perinatal fractures, with deformity and even death.)	Increased fragility of slender shafts of long bones Blue scleras Thin skin Hyperextensibility of ligaments Deformed teeth Tendency to bruise easily Recurrent epistaxis Multiple fractures with minimal trauma	Handle carefully to prevent fractures Give prescribed oral magnesium oxide Give support and educate parents
Legg-Calvé-Perthes disease (coxa plana)	Recurring pain Joint dysfunction with limitation of motion Mottled appearance of epiphysis on x ray	Prevent patient from bearing weight on affected leg Apply casts or braces after bed rest, and traction to keep head of femur in place Assist with pre- and postoperative care to correct deformity
Scoliosis	Lateral curving of spine	Apply brace to support and hold spine in position Teach exercise to strengthen muscles Provide pre- and postoperative care if surgical intervention is needed
Kyphosis	Abnormal rounding of shoulders Abnormal exaggerated postural lordosis accompanying hunchback angulation	Teach postural exercises to strengthen shoulders Apply brace for more marked deformity
Lordosis	Anterior curving of lower vertebrae Abdominal protrusion	Teach postural exercises to strengthen muscles Apply brace to correct severe deformities
Pott's disease	Increased irritability Pain over area Assumption of positions that avoid putting weight on vertebrae	Immobilize with extension on Bradford frame until spinal fusion Administer prescribed antimicrobial medications Assist with draining of tubercular abscess

INFORMATION SHEET

Disease or Disorder	Symptoms	Interventions
Osteogenic sarcoma	Pain and swelling of affected area Destruction of bone and new bone formation shown on x rays	Administer prescribed chemotherapy to destroy the malignant cells Assist with pre- and postoperative care after amputation
Ewing's sarcoma	Fever Pallor Pain and swelling of affected part	Assist with radiation therapy Administer prescribed chemotherapy Assist with pre- and postoperative care after amputation Observe for symptoms of metastasis to lungs, coughing, expectoration of blood, and pain in chest
Juvenile rheumatoid arthritis	Stiffness Swelling Loss of motion in joints Tenderness and pain on touch Low-grade fever Generalized fatigue Anemia Failure to gain weight	Administer prescribed salicylates, corticosteroids, and gold salts Encourage a physical therapy program to prevent joint deformity Splint joint for rest when inflamed Apply moist heat to joints Encourage patient to eat a well-balanced diet Provide self-help devices for daily activities Encourage independence
Rickets	Head appears enlarged Dorsal kyphosis Scoliosis with deformities of pelvis Bowlegs or knock knees Epiphyseal enlargement of wrists and ankles Poor muscle tone	Administer large doses of vitamin D Apply braces and splints for deformities

INFORMATION SHEET

Disease or Disorder	Symptoms	Interventions
Systemic lupus erythematosus (SLE)	Insidious onset of low-grade fever, chills, weakness, generalized aching, and malaise Swelling of joints Stiffness in affected area Excitability that may lead to seizures Forgetfulness Paralysis of spinal cord Inflammation of heart and lung linings Kidney failure Nausea Diarrhea Flush, usually over bridge of nose and cheeks, called "butterfly rash"	Administer prescribed corticosteroids and antimalarials to relieve renal, arthritic, and dermatologic symptoms Administer prescribed salicylates, anticonvulsives, and antibiotics to treat pain, seizures, and secondary infections Encourage a diet low in sodium and low in protein Advise overweight patient to reduce Support parents and patient throughout illness, and provide information about care
Muscular dystrophy (pseudohypertrophic or Duchenne's muscular dystrophy)	Progressive muscle weakness, usually in third year Difficulty in riding a bicycle, climbing stairs, and running Difficulty in rising from a sitting or supine position Waddling gait Lordosis Frequent falls Enlargement of muscles of thighs and upper arms from fatty infiltration Contractures and deformities of large and small joints as disease progresses Weakness in respiratory muscles, usually leading to cardiomegaly and eventually death	Assist with diagnostic tests Assist patient in a program that will reduce the disabilities and help the patient lead as active and normal a life as possible Encourage activity as long as possible to keep muscles toned and to prevent contractures Advise families about home care to prevent complications such as infection, obesity, disuse atrophy, and cardiopulmonary problems Refer families to support groups that can provide assistance, such as the Muscular Dystrophy Association of America, Inc. Recommend genetic counseling for families Provide emotional support to patients and families

INFORMATION SHEET

Disease or Disorder	Symptoms	Interventions
Rhabdomyosarcoma (NOTE: The most common site for this type of malignancy is the head and neck, especially the orbit of the eye.)	Unilaterial protrusion of eyeball Ecchymosis of conjunctiva Strabismus (NOTE: Other sites affected may not show symptoms until the tumor is very large and has metastasized to other areas.)	Assist with diagnostic tests Provide pre- and postoperative care if surgical removal of tumor is possible Provide support to patient and family during illness Provide care before and following radiotherapy or chemotherapy (NOTE: Treatment may include radiotherapy, chemotherapy, or a combination of both.) Explain changes that may occur due to radical surgical procedures or side effects from radiotherapy or chemotherapy

XXII. Descriptions of common surgical interventions used in treating musculoskeletal diseases and disorders

A. Laminectomy — Removal of part of the lamina of a herniated disc

(NOTE: This procedure relieves pressure and pain caused by the disc compressing the spinal cord.)

B. Spinal fusion — Replacement of vertebrae by grafting bone from other areas to solidify remaining vertebrae

C. Bunionectomy — Correction of the acute angulation of first metatarsophalangeal joint (hallux valgus)

D. Meniscectomy — Removal of knee joint meniscus

E. Synovectomy — Excision of synovial membrane

F. Arthroplasty — Correction that removes a portion of a joint and replaces it with a prosthesis

G. Osteotomy — Excision of a bone to correct bone or joint deformities

H. Arthrodesis — Fusion of a joint in a functional position

I. Amputation — Removal of all or part of a limb, a projecting part or process, or an organ

INFORMATION SHEET

XXIII. General nursing responsibilities and interventions for caring for surgical orthopedic patients

A. Check dressing and note color, amount, and consistency of any drainage

B. Logroll patient as indicated after specific types of surgery

EXAMPLES: Hip fusion or prosthesis, laminectomy, spinal fusion

C. Observe for bladder distention and symptoms of urinary infection

D. Support surgical areas

(NOTE: Use pillows, blanket rolls, or sandbags to support and protect surgical sites.)

E. Check all equipment carefully to make sure that treatment is effective

(NOTE: Traction is not effective if the ropes are off the pulleys or if the weights are sitting on the floor or resting on the end of the bed.)

F. Provide distractions for patients with long-term postoperative recovery periods

(NOTE: Children in traction or in bulky casts become easily frustrated and bored. The nurse should find activities that the patient will enjoy and can do despite recovery restrictions such as bed rest and traction.)

G. Observe for changes in blood pressure that indicate hypotension

(NOTE: Patients who remain in bed for long periods of time are prone to hypotension.)

H. Ask for assistance in turning or ambulating patients; never assume that you can do it alone

XXIV. Nursing responsibilities and interventions for caring for a patient with a limb amputation (Job Sheets #7 and #8)

(NOTE: There are many reasons patients must have amputations, including traumatic injuries, circulatory disorders, diabetes, and cancer.)

A. Preoperatively

1. Obtain completed informed consent form

INFORMATION SHEET

2. Assist patient through the grieving process

   (NOTE: For many patients losing a limb, the grieving process they experience is like the grief associated with death. A prosthesis and its promise of new mobility may lessen a patient's grief.)

3. Explain to patient that phantom limb sensations may be experienced after amputation of a limb

   (NOTE: Phantom limb sensations can include burning, tingling, itching, throbbing, or pain. These sensations can last for months or can stop, and then recur.)

4. Prepare patient

   EXAMPLES: Give good balanced diet and encourage fluids; begin crutch-walking exercise, discuss physical therapy and prosthesis fittings.

B. Postoperatively

(NOTE: Care will vary depending on the amputation site, the reason for the amputation, and the method used [amputation with prosthesis immediately after surgery versus amputation without prosthesis after surgery].)

1. Amputation without prosthesis

   a. Elevate stump according to physician's preference

   b. Use footboard for unoperated extremity

   c. Check dressing and note color and amount of any drainage

      (CAUTION: A tourniquet should be kept close by in case frank hemorrhage occurs.)

   d. Follow traction care if used on an open amputation

      (NOTE: In open amputations there are no skin coverings, and the danger of infection is increased.)

   e. Prevent muscle contractures by correct positioning in bed

      (NOTE: Positioning is especially important if patient does not have a rigid cast.)

INFORMATION SHEET

2. Amputation with prosthesis

   a. Give cast care

      (NOTE: Cast must remain on stump. If it becomes dislodged, elastic wraps should be applied, and the physician notified.)

   b. For leg amputations, teach crutch walking as soon as patient can ambulate

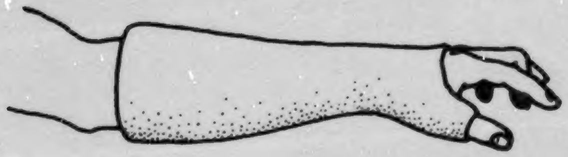
   c. Keep harness belt tightened to hold prosthesis in place

   d. Bandage stump as directed by physician to help shrink and shape it properly

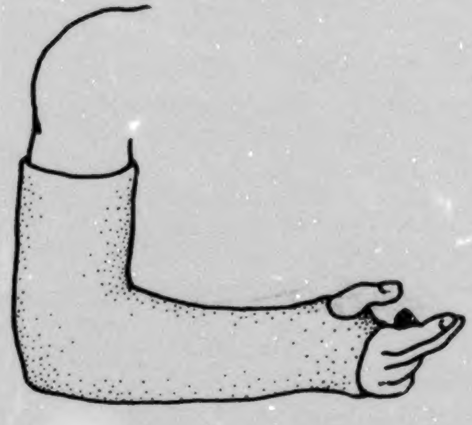
   e. Work with physical therapy to provide a routine to teach the patient to use the prosthesis properly

Types of Arm Casts

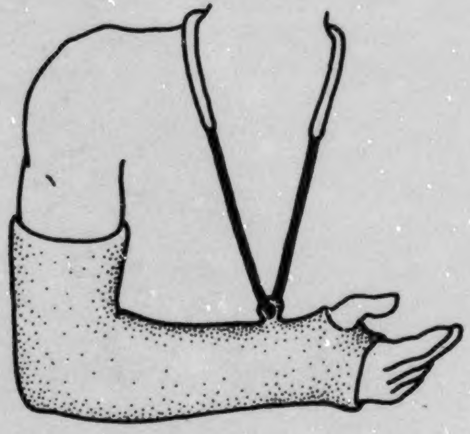
Short Arm Cast



Long Arm Cast

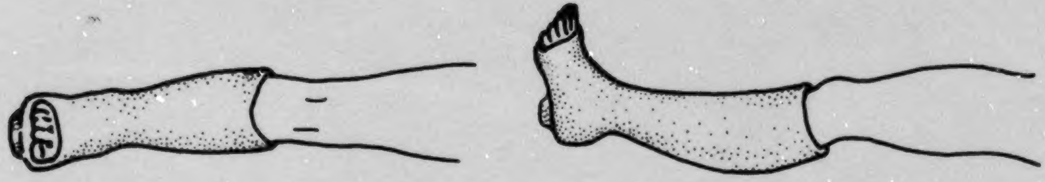


Hanging Arm Cast

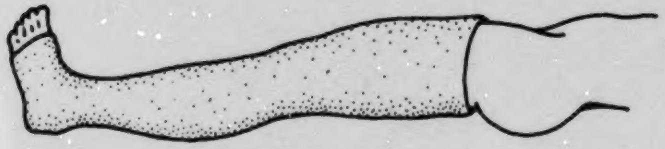


Types of Leg Casts

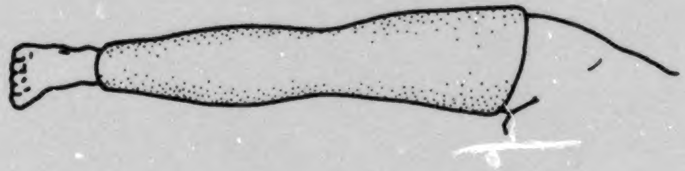
Short Weight-Bearing Leg Cast



Long Leg Cast



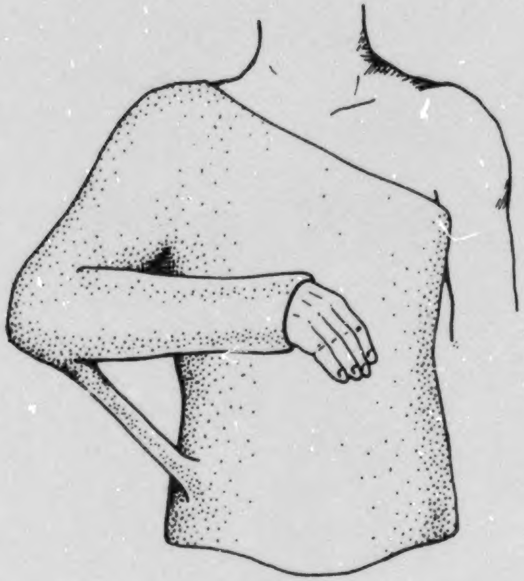
Long Cylinder Leg Cast

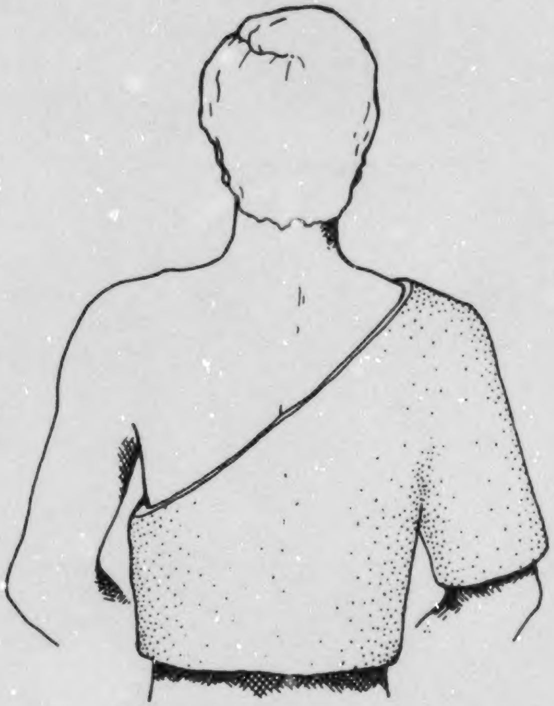


TM #2

PN III - 435-A

Types of Shoulder Spica Casts

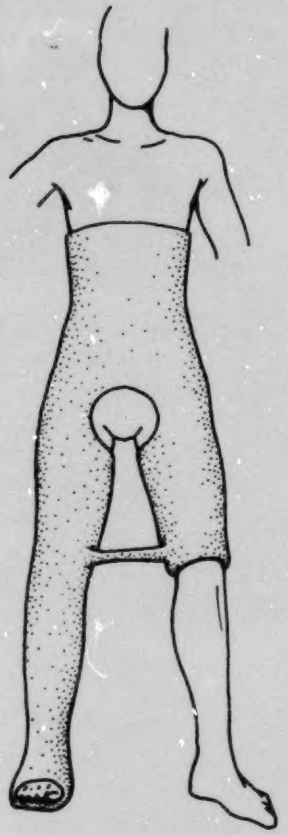


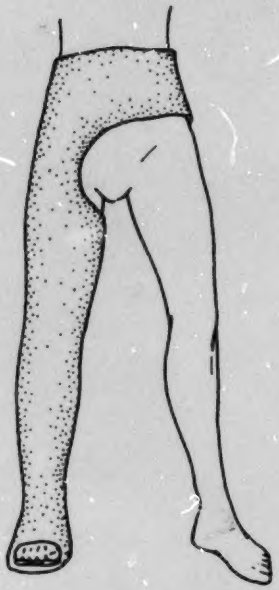


TM #3

PN III - 437-A

Types of Hip Spica Casts



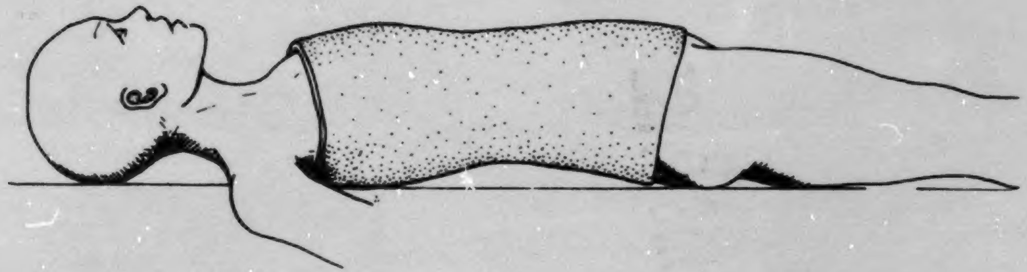


TM #4

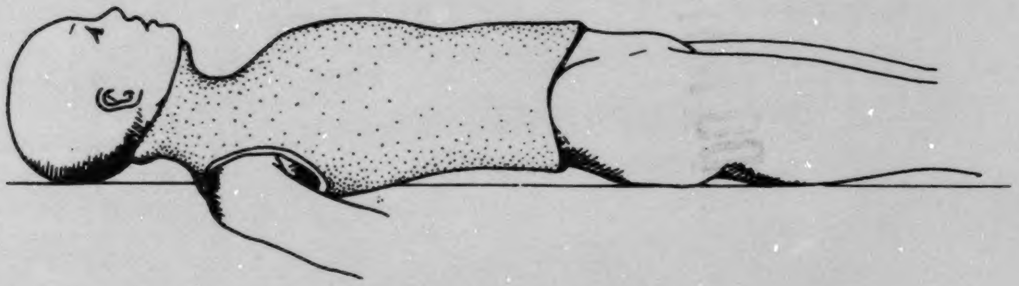
PN III - 439-A

Types of Body Casts

Full Body



Minerva Jacket



ASSESSMENT AND MANAGEMENT DISEASES
AND DISORDERS OF THE MUSCULOSKELETAL SYSTEM
UNIT VI

ASSIGNMENT SHEET #1 — PLAN CARE FOR PATIENTS WITH DISEASES AND DISORDERS OF THE MUSCULOSKELETAL SYSTEM

NAME ______________________________ SCORE ______________

Orthopedic nursing involves planning and giving care to patients with a variety of diseases and disorders of the musculoskeletal system. Technology has advanced greatly in the past few years. New treatments and the use of internal prostheses now make it possible for millions to walk and to function.

This assignment sheet provides you with two simulated case studies of patients with diseases and disorders of the musculoskeletal system. You will need to recall some information already learned and to research some material that you will need to answer the questions. After completing the assignment, hand it in to the instructor for evaluation, or discuss in class.

Patient #1

Ben Waters, a forty-five-year-old truck driver, has been admitted with symptoms of lower back pain. He has had some pain before but attributed this to sitting for long periods of time while driving and to lifting heavy loads. Yesterday morning he had severe pain not relieved by rest, aspirin, or heat applications. His physician saw him this morning and admitted him to the hospital for tests.

A. What type of test would you suspect the physician will order? How is that test carried out?

____

____

B. How would you prepare Mr. Waters for this test?

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C. Until Mr. Waters has his test, what position in bed would be most comfortable for him?

____

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ASSIGNMENT SHEET #1

D. The test results are conclusive; Mr. Waters has a herniated intervertebral disc. How would you describe this condition to Mr. Waters?

E. Mr. Waters has been scheduled for a spinal fusion. He asks you what will happen to him in surgery. What will you tell him?

F. When Mr. Waters returns from surgery, he requests pain medication. The physician has ordered Demerol 75 mg IM every three to four hours prn for pain. Since Mr. Waters cannot be turned, what sites might you use for administering the medication?

G. Using the logrolling method to turn Mr. Waters the morning after surgery, you notice an area of drainage on the lower edge of the surgical dressing. It is dark red with pink-tinged edges and is approximately 5 inches in diameter. What steps would you take?

ASSIGNMENT SHEET #1

H. The physician has ordered that Mr. Waters be ambulated a few steps the afternoon following surgery. While you and another nurse are assisting Mr. Waters to walk, he states that he feels faint. After stopping, what would you do?

I. You are writing Mr. Waters' discharge plan. What type of activities should you tell him to avoid?

Patient #2

Eighteen-month-old Jean Kelly sustained a fracture to the femur in the middle third of the shaft. Hospitalized, Jean is placed in Bryant's traction.

A. How is Bryant's traction applied?

B. How does Bryant's traction work to reduce the fracture?

C. What are three major nursing responsibilities when caring for a child in Bryant's traction?

ASSIGNMENT SHEET #1

D. Jean is fussy and does not want to eat. Knowing that children of this age try to exert their independence, what are some things that you might try to distract her and to encourage her to eat?

E. When you enter the room to give A.M. care, you find Jean's mother adjusting the weights and unwrapping one of the elastic wraps. How would you handle this situation?

F. While you are bathing Jean, you notice several areas where macules have appeared on her chest and arm. When you look at her legs, you see several vesicles that appear as blisters. What would you suspect has happened to Jean, and what questions would you ask her mother?

G. After three weeks, Jean is put into a hip spica cast for an additional six weeks. She is much happier in a cast now that she can be up and sit on her mother's lap. What are some considerations in caring for a patient in a hip spica cast?

ASSIGNMENT SHEET #1

H. Jean will be going home in her cast. What are some instructions you should give her mother in caring for Jean?

____

____

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ASSESSMENT AND MANAGEMENT OF DISEASES AND DISORDERS OF THE MUSCULOSKELETAL SYSTEM
UNIT VI

ANSWERS TO ASSIGNMENT SHEET

Assignment Sheet #1 (Suggested answers)

Patient #1

A. Myelogram; dye will be injected into the intrathecal space to inspect the vertebrae by radiography.

B. Explain the procedure to him, and answer any questions he may have; prepare site if indicated.

C. Usually lying on the side or lying flat will be the most comfortable positions.

D. The fibrocartilage that rests between the vertebrae and helps cushion the bones during movement has ruptured or herniated from that area.

E. A spinal fusion will be done to fuse the vertebrae where the damaged areas are rubbing together; depending on the surgeon's technique, the fusion is usually done by grafting the bone from other sites and using this bone to fuse the areas.

F. The deltoid and the lateral thigh in the vastus lateralis

G. Draw a line around the area and note time of observation, chart the information, inform the charge nurse, and check the area frequently.

H. The nurses should form a broad base of support while separating their feet and allowing Mr. Waters to rest between them.

I. Mr. Waters should avoid climbing stairs, bending at the waist, and driving an automobile.

Patient #2

A. Adhesive traction strips are applied to the child's legs and secured with an elastic bandage wrapped from the foot to the groin. Both of the child's legs are flexed at a 90-degree angle, with the knees in extension and the legs suspended by pulleys and weights. The buttocks should be slightly elevated off the bed.

B. Child's weight supplies the countertraction, pulling the fractured bones into alignment.

C. Make sure that the wraps are secure without impairing the circulation. Make sure the child does not twist or rotate, causing stress to growing extremities. Make sure that the traction is effective and that the child's buttocks remain slightly off the bed.

ANSWERS TO ASSIGNMENT SHEET

D. Try finger foods and liquids she can handle herself; hang mobiles on the overhead frame, changing the pictures frequently.

E. Thank her for assisting, but tell her that the wraps and the weights are checked frequently and that it is important not to adjust the weights.

F. You might suspect that Jean has broken out in chicken pox. Ask her mother if Jean has been exposed to chicken pox.

G. Turning the patient properly is important; handle the cast carefully, never using the middle bar for turning; keep the cast dry by covering the perineal area with plastic wrap.

H. Keep the cast clean and dry; watch for Jean's trying to put objects down into the cast; check circulation and color of skin; hold the whole cast when turning and do not use the middle bar for turning.

ASSESSMENT AND MANAGEMENT OF DISEASES AND DISORDERS OF THE MUSCULOSKELETAL SYSTEM
UNIT VI

JOB SHEET #1 — CHECK CIRCULATION OF A PATIENT IN A CAST

I. Equipment

   A. Work sheet

   B. Pen

II. Procedure

   A. Check doctor's order; check previous nursing remarks for observations

   B. Identify patient

   C. Provide privacy

   D. Explain procedure to patient

   E. Wash hands

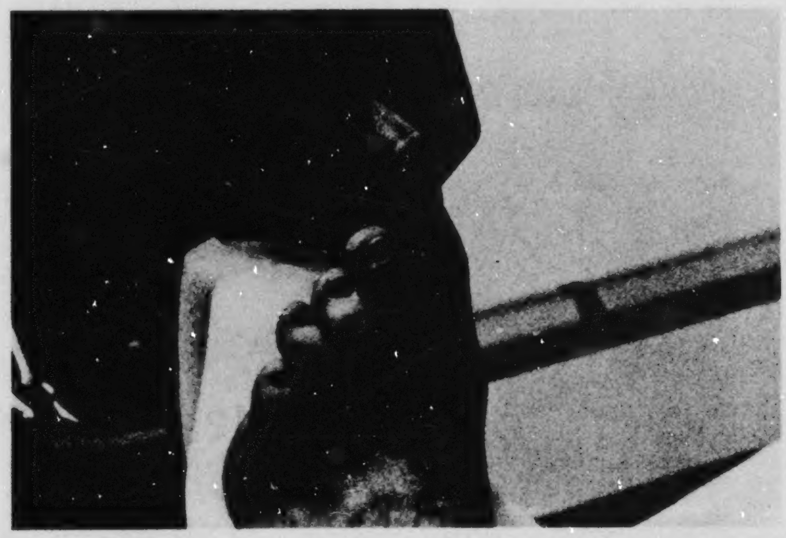
   F. Expose area to be assessed

   G. Assess color of extremity by observing for paleness, rubra color, or cyanosis; compare with other extremity

   H. Assess temperature by gently touching *both* extremities

   I. Evaluate blanching of nailbed by compressing patient's nailbed with your thumb and observing for capillary refilling (Figure 20)

FIGURE 20



JOB SHEET #1

J. Evaluate but do not count pedal pulse

K. Wash hands

L. Record procedure and report any unusual observations to team leader

JOB SHEET #1

III. Checklist for procedure for checking circulation

		Performed Well	Needs Improvement
A.	Checked doctor's order; checked previous nursing remarks for observations	☐	☐
B.	Identified patient	☐	☐
C.	Provided privacy	☐	☐
D.	Explained procedure to patient	☐	☐
E.	Washed hands	☐	☐
F.	Exposed area to be assessed	☐	☐
G.	Assessed color of extremity by observing for paleness, rubra color, or cyanosis; compared with other extremity	☐	☐
H.	Assessed temperature by gently touching *both* extremities	☐	☐
I.	Evaluated blanching of nailbed by compressing patient's nailbed with your thumb and observing for capillary refilling	☐	☐
J.	Evaluated but did not count pedal pulse	☐	☐
K.	Washed hands	☐	☐
L.	Recorded procedure and reported any unusual observations to team leader	☐	☐

Comments: ____

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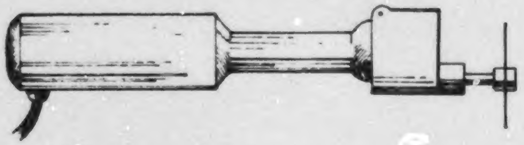
ASSESSMENT AND MANAGEMENT OF DISEASES AND DISORDERS OF THE MUSCULOSKELETAL SYSTEM
UNIT VI

JOB SHEET #2 — ASSIST WITH THE REMOVAL OF A CAST

I. Equipment

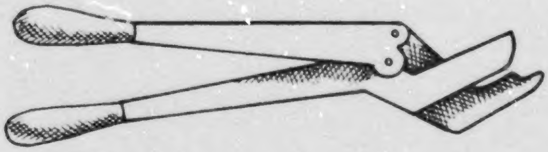
A. Electric cast cutter (Figure 21)

FIGURE 21



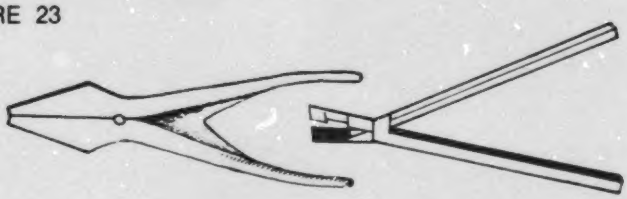
B. Hand cast cutter (Figure 22)

FIGURE 22



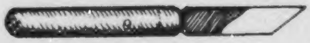
C. Cast spreader (Figure 23)

FIGURE 23



D. Cast knife (Figure 24)

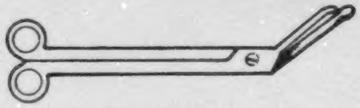
FIGURE 24



JOB SHEET #2

E. Cast scissors (Figure 25)

FIGURE 25



F. Vinegar, mild acetic acid solution, or hydrogen peroxide

G. Asepto syringe

II. Procedure

A. Wash hands

B. Assemble equipment and take to patient's unit

(NOTE: The cast may be removed in the patient's unit or in the cast room where the equipment is kept.)

C. Identify patient and explain procedure

1. Reassure patient that although the electric cast cutter is noisy it will not damage the patient's skin

2. Explain that the fine-toothed circular blade does not whirl around and cut like a saw blade but rather that it vibrates rapidly back and forth causing the plaster to disintegrate

3. Inform patient that the blade stops when it reaches stockinette or padding material

4. Tell patient that sensations of heat, vibration, or pressure may be felt

D. Provide privacy

E. Apply vinegar, mild acetic acid solution, or hydrogen peroxide along the cutting line with an Asepto syringe

F. Support cast as indicated while it is being cut

G. Assist with spreading the cast edges as indicated to aid in cutting and removing

H. Provide care for affected part as indicated or prescribed

1. Support limb, especially under joints

JOB SHEET #2

2. Avoid quick or jerky movements
3. Maintain the casted position as prescribed, using pillows, elastic bandages, splints, or other devices

I. Provide skin care

1. Cleanse skin gently with soap and water

   (CAUTION: Check with the physician for specific instructions if another cast is to be applied. Some physicians want the skin cleansed well and others do not want the skin cleansed at all.)

2. Rinse well and blot dry
3. Avoid scratching or irritating the skin
4. Apply oil or lotion to lubricate the skin
5. Observe for breaks, pressure areas, or discoloration of the skin

J. Apply elastic bandage if prescribed

K. Remove any debris

L. Change linens as needed

M. Provide for patient's comfort

N. Care for equipment

1. Discard cast if it is not to be used as a splint
2. Discard disposable materials
3. Clean, disinfect, and return instruments to their proper places
4. Return unused materials and instruments to proper storage area
5. Replenish supplies

O. Wash hands

P. Report and record

1. Removal of cast
2. Patient's reaction
3. Any breaks in skin or any pressure areas
4. Condition of skin
5. Edema or swelling of affected part

JOB SHEET #2

III. Checklist for procedure for assisting with removal of cast

		Performed Well	Needs Improvement
A.	Washed hands	☐	☐
B.	Assembled equipment and took to patient's unit	☐	☐
C.	Identified patient and explained procedure as follows: reassured patient that although the electric cast cutter was noisy it would not damage the patient's skin; explained that the fine-toothed circular blade did not whirl round and cut like a saw blade but rather that it vibrated rapidly back and forth causing the plaster to disintegrate; informed patient that the blade stopped when it reached stockinette or padding material; told patient that sensations of heat, vibration, or pressure might be felt	☐	☐
D.	Provided privacy	☐	☐
E.	Applied vinegar, mild acetic acid solution, or hydrogen peroxide along the cutting line with an Asepto syringe	☐	☐
F.	Supported cast as indicated while it was being cut	☐	☐
G.	Assisted with spreading the cast edges as indicated to aid in cutting and removing	☐	☐
H.	Provided care for affected part as indicated or prescribed by supporting limb, especially under joints; avoiding quick or jerky movements; maintaining the casted position as prescribed, using pillows, elastic bandages, splints, or other devices	☐	☐
I.	Provided skin care by cleansing skin gently with soap and water; rinsing well and blotting dry; avoiding scratching or irritating the skin; applying oil or lotion to lubricate the skin; observing for breaks, pressure areas, or discoloration of the skin	☐	☐

JOB SHEET #2

		Performed Well	Needs Improvement
J.	Applied elastic bandage if prescribed	☐	☐
K.	Removed any debris	☐	☐
L.	Changed linens as needed	☐	☐
M.	Provided for patient's comfort	☐	☐
N.	Cared for equipment by discarding cast if it was not to be used as a splint, discarding disposable materials; cleaning, disinfecting, and returning instruments to their proper places; returning unused materials and instruments to proper storage area; replenishing supplies	☐	☐
O.	Washed hands	☐	☐
P.	Reported and recorded removal of cast, patient's reaction, any breaks in skin or any pressure areas, condition of skin, edema or swelling of affected part	☐	☐

Comments:

ASSESSMENT AND MANAGEMENT OF DISEASES AND DISORDERS OF THE MUSCULOSKELETAL SYSTEM
UNIT VI

JOB SHEET #3 — TEACH CRUTCH WALKING

I. Equipment

  A. Measuring tape

  B. Bath blanket

  C. Crutches

II. Procedure for measuring for crutches

  A. Check doctor's order

  B. Collect supplies needed

  C. Identify patient

  D. Provide patient privacy

  E. Explain to patient the position that should be assumed for measuring process

  F. Wash hands

  G. Apply bath blanket as top linens are fanfolded to foot of bed

  H. Place patient in dorsal recumbant position for measurement

  I. Measure patient

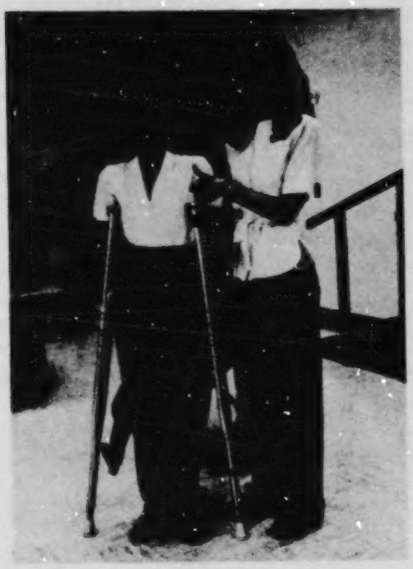
    1. Measure distance from fold of armpit to sole of patient's heel

    2. Add 2 inches (5 cm)

  J. Assist patient to standing position; check measurement (See Figure 26)

JOB SHEET #3

FIGURE 26



K. Seat patient in chair or wheelchair

L. Adjust crutches if necessary

M. Check crutches for functioning stability by tightening screws as necessary and checking rubber suction tips

III. Procedure for teaching crutch walking

A. Demonstrate crutch stance

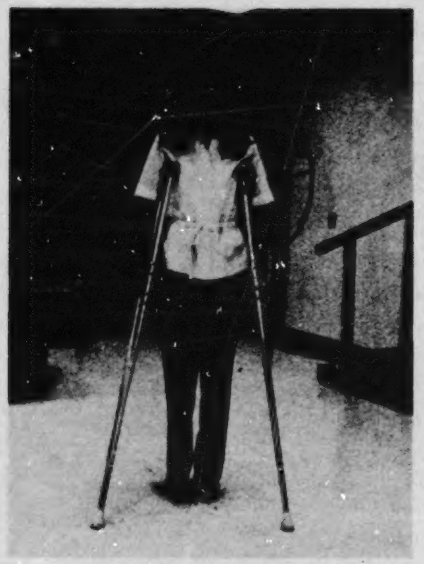
1. Place crutches 4 inches (10 cm) forward of feet and 4 inches (10 cm) to the side

2. Form a triangle, with crutches at opposite points and feet at center point

3. Place hands on supports, with 30-degree elbow flexion and weight-bearing stress on hands (See Figure 27)

JOB SHEET #3

FIGURE 27

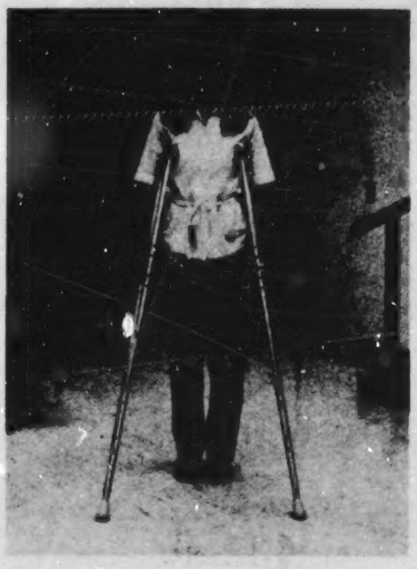


B. Demonstrate three-point gait

(NOTE: Patients using a walker may also use a three-point gait.)

1. Move crutches simultaneously forward 6 inches (15 cm) (Figure 28)

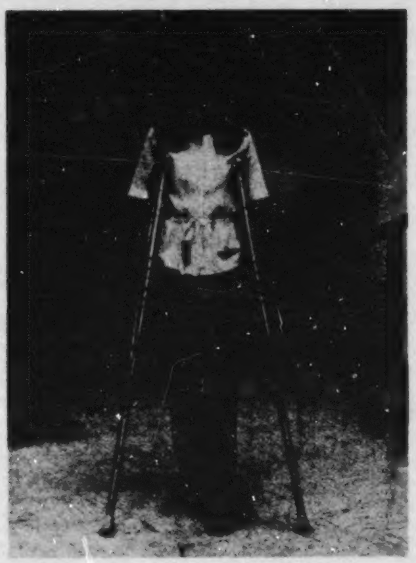
FIGURE 28



JOB SHEET #3

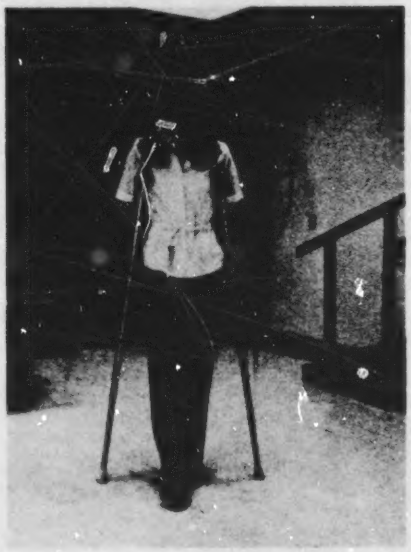
2. Advance involved leg until even with crutches (Figure 29)

FIGURE 29



3. Advance uninvolved leg past involved leg (Figure 30)

FIGURE 30

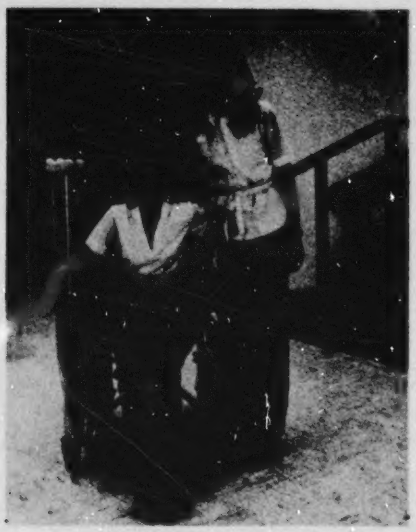


JOB SHEET #3

C. Help patient use crutches

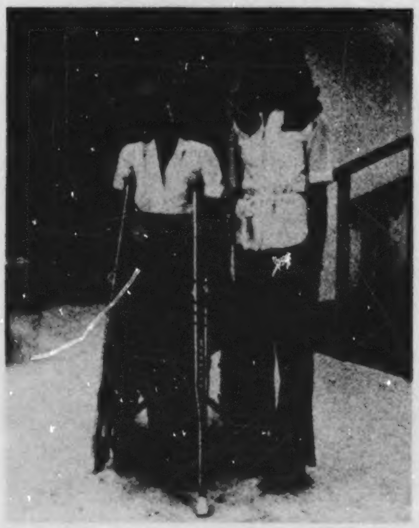
1. Check crutches for patient fit
2. Teach patient how to support body while moving from chair or wheelchair to standing position, using crutches (Figure 31)

FIGURE 31



3. Steady patient by holding posterior of pants' belt or by using an orthopedic waist strap (Figure 32)

FIGURE 32



JOB SHEET #3

4. Remind patient to move involved leg forward first, bearing weight on hands and other foot

5. Teach patient to follow steps

6. Walk beside patient

D. Have patient crutch walk to side of bed or chair, ending at a right angle to the bed or chair

E. Have patient place crutch on involved side 4 inches (10 cm) behind involved foot

F. Have patient bring involved leg back until calf touches bed or chair, simultaneously pivoting on other foot

G. Have patient use crutches for stabilization while being seated, or have patient lay one crutch aside and use free hand to ease body down

H. Position patient back in bed or chair

I. Place crutches in secure area if patient will need further assistance; or place crutches within patient reach if crutch walking can be manipulated alone

J. Wash hands

K. Record teaching

L. Record on care plan the instruction given, type of gait to be used, and how patient tolerated activity

IV. Demonstrate procedures for other gaits

A. Two-point sequence

1. Place feet together with crutches parallel to feet 4 inches (10 cm) to side

2. Advance left crutch and right foot simultaneously, and do the same for left foot and right crutch

B. Three-point sequence

1. Place both crutches and left foot forward on equal plane

2. Balance weight on both crutches

3. Advance right foot 4 inches (10 cm) beyond left foot and crutches

JOB SHEET #3

C. Tripod sequence

1. Place right crutch then left forward to form a tripod

2. Drag body and legs forward

   (NOTE: If the patient has one strong leg, he or she may stabilize on it after the drag-through.)

D. Swinging sequence

1. Place both crutches forward

2. Place weight firmly on hands

3. Lift body and swing to or beyond crutch placement, lifting both legs from ground

JOB SHEET #3

V. Checklist for procedure for measuring for crutches

		Performed Well	Needs Improvement
A.	Checked doctor's order	☐	☐
B.	Collected supplies needed	☐	☐
C.	Identified patient	☐	☐
D.	Provided patient privacy	☐	☐
E.	Explained to patient the position that should be assumed for measuring process	☐	☐
F.	Washed hands	☐	☐
G.	Applied bath blanket as top linens were fan-folded to foot of bed	☐	☐
H.	Placed patient in dorsal recumbant position for measurement	☐	☐
I.	Measured patient by measuring distance from fold of armpit to sole of patient's heel and adding 2 inches (5 cm)	☐	☐
J.	Assisted patient to standing position; checked measurement	☐	☐
K.	Seated patient in chair or wheelchair	☐	☐
L.	Adjusted crutches if necessary	☐	☐
M.	Checked crutches for functioning stability by tightening screws as necessary and checking rubber suction tips	☐	☐

Comments: ____

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JOB SHEET #3

VI. Checklist for procedure for teaching crutch walking

		Performed Well	Needs Improvement
A.	Demonstrated crutch stance by having crutches 4 inches (10 cm) forward of feet and 4 inches (10 cm) to the side; forming a triangle with crutches at opposite points and feet at center point; placing hands on supports, with 30-degree elbow flexion and weight-bearing stress on hands	☐	☐
B.	Demonstrated three-point gait by moving crutches simultaneously forward 6 inches (15 cm), advancing involved leg until even with crutches, and advancing uninvolved leg past involved leg	☐	☐
C.	Helped patient use crutches by checking crutches for patient fit; teaching patient how to support body while moving from chair or wheelchair to standing position, using crutches; steadying patient by holding posterior of pants' belt or by using an orthopedic waist strap; reminding patient to move involved leg forward first, bearing weight on hands and other foot; teaching patient to follow steps; and walking beside patient	☐	☐
D.	Had patient crutch walk to side of bed or chair ending at a right angle to the bed or chair	☐	☐
E.	Had patient place crutch on involved side 4 inches (10 cm) behind involved foot	☐	☐
F.	Had patient bring involved leg back until calf touched bed or chair, simultaneously pivoting on other foot	☐	☐
G.	Had patient use crutches for stabilization while being seated, or had patient lay one crutch aside and use free hand to ease body down	☐	☐
H.	Positioned patient back in bed or chair	☐	☐

JOB SHEET #3

		Performed Well	Needs Improvement
I.	Placed crutches in secure area if patient needed further assistance; or placed crutches within patient reach if crutch walking could be manipulated alone	☐	☐
J.	Washed hands	☐	☐
K.	Recorded teaching	☐	☐
L.	Recorded on the care plan instruction given, type of gait to be used, and how patient tolerated activity	☐	☐

Comments:

VII. Checklist for demonstrating procedure for other gaits

		Performed Well	Needs Improvement
A.	Two-point sequence	☐	☐
B.	Three-point sequence	☐	☐
C.	Tripod sequence	☐	☐
D.	Swinging sequence	☐	☐

Comments:

ASSESSMENT AND MANAGEMENT OF DISEASES AND DISORDERS OF THE MUSCULOSKELETAL SYSTEM
UNIT VI

JOB SHEET #4 — CARE FOR A PATIENT IN TRACTION WITH PINS

I. Equipment

A. Hydrogen peroxide or antiseptic cleansing solution

B. Sterile 4x4s

C. Cotton swabs

D. Sterile gloves

E. Sterile scissors

F. Paper sack for discarded materials

II. Procedure

A. Check doctor's order

(NOTE: Follow institution policy for standard antiseptic cleansing agent used.)

B. Collect supplies

C. Identify patient

D. Provide patient privacy

E. Explain procedure to patient

F. Wash hands

G. Open paper sack and place away from sterile supplies

H. Loosen caps of hydrogen peroxide and antiseptic solution

I. Open packets of 4x4s by holding lower flap securely as top flap is peeled back

J. Open sterile packets of scissors, cotton swabs, and gloves

K. Put on sterile glove

L. Use gloved hand to ease dressing from around wire, tong, or pin

JOB SHEET #4

M. Discard dressing in paper sack

N. Remove soiled glove

O. Put on second sterile glove

(NOTE: If a culture of the exudate is desired, adopt wound culture procedure before the next step.)

P. Obtain sterile cotton swab from packet; pour small amount of hydrogen peroxide on cotton end

Q. Cleanse around pin, wire, or tong

R. Let hydrogen peroxide foam

S. Continue cleansing area until all exudate and encrustations are removed

T. Use new cotton swabs with each cleansing gesture

U. Place cap on hydrogen peroxide with ungloved hand

V. Discard each cotton swab in paper sack

W. Apply antiseptic solution to pin area, using same method as that used for hydrogen peroxide

X. Touch only handle of sterile scissors to lift off sterile area

Y. Obtain sterile 4x4 with sterile scissors

Z. Cut halfway through 4x4 with sterile scissors

AA. Ease dressing around pin, placing cut in 4x4 on either side of pin

(NOTE: Sterile end of scissors may *gently* be used to assist in placing 4x4.)

BB. Remove glove

CC. Recap solutions

DD. Dispose of equipment

EE. Wash hands

FF. Record procedure: date, time, procedure done, observations, name

JOB SHEET #4

III. Checklist for procedure for caring for a patient in traction with pins

		Performed Well	Needs Improvement
A.	Checked doctor's order	☐	☐
B.	Collected supplies	☐	☐
C.	Identified patient	☐	☐
D.	Provided patient privacy	☐	☐
E.	Explained procedure to patient	☐	☐
F	Washed hands	☐	☐
G.	Opened paper sack and placed away from sterile supplies	☐	☐
H.	Loosened caps of hydrogen peroxide and antiseptic solution	☐	☐
I.	Opened packets of 4x4s by holding lower flap securely as top flap was peeled back	☐	☐
J.	Opened sterile packets of scissors, cotton swabs, and gloves	☐	☐
K.	Put on sterile glove	☐	☐
L.	Used gloved hand to ease dressing from around wire, tong, or pin	☐	☐
M.	Discarded dressing in paper sack	☐	☐
N.	Removed soiled glove	☐	☐
O.	Put on second sterile glove	☐	☐
P.	Obtained sterile cotton swab from packet and poured small amount of hydrogen peroxide on cotton end	☐	☐
Q.	Cleansed around pin, wire, or tong	☐	☐
R.	Let hydrogen peroxide foam	☐	☐

JOB SHEET #4

		Performed Well	Needs Improvement
S.	Continued cleansing area until all exudate and encrustations were removed	☐	☐
T.	Used new cotton swabs with each cleansing gesture	☐	☐
U.	Placed cap on hydrogen peroxide with ungloved hand	☐	☐
V.	Discarded each cotton swab in paper sack	☐	☐
W.	Applied antiseptic solution to pin area, using same method as that used for hydrogen peroxide	☐	☐
X.	Touched only handle of sterile scissors to lift off sterile area	☐	☐
Y.	Obtained sterile 4x4 with sterile scissors	☐	☐
Z.	Cut halfway through 4x4 with sterile scissors	☐	☐
AA.	Eased dressing around pin, placing cut in 4x4 on either side of pin	☐	☐
BB.	Removed glove	☐	☐
CC.	Recapped solutions	☐	☐
DD.	Disposed of equipment	☐	☐
EE.	Washed hands	☐	☐
FF.	Recorded procedure: date, time, procedure done, observations, and name	☐	☐

Comments: ____

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ASSESSMENT AND MANAGEMENT OF DISEASES AND DISORDERS OF THE MUSCULOSKELETAL SYSTEM

UNIT VI

JOB SHEET #5 — APPLY CERVICAL OR PELVIC TRACTION

I. Equipment

- A. Head halter or pelvic belt
- B. Rope
- C. Spreader bar
- D. Pulley equipment
- E. Weight as prescribed

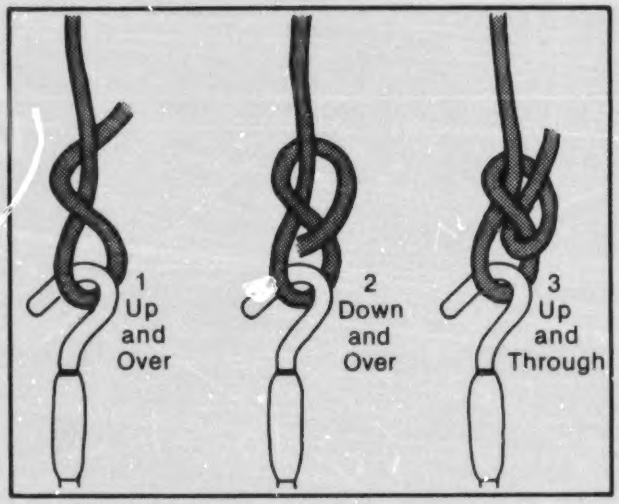
II. Procedure

- A. Wash hands
- B. Assemble equipment
- C. Identify patient and explain procedure
- D. Attach pulley equipment to head of bed for cervical traction or to foot of bed for pelvic traction
- E. Thread rope through pulley
- F. Attach end of rope nearest patient to spreader bar, using a traction knot (See Figure 33)

  (NOTE: Repeat the following phrase as the traction knot is being tied: "Up and over, down and over, up and through." To keep knots secure, cover with adhesive tape.)

JOB SHEET #5

FIGURE 33



Used with permission of Zimmer, Incorporated, Warsaw, Indiana.

G. Attach weight to distal end of rope, using a traction knot; place weight on bed or chair

H. Position patient for cervical traction

1. Lower bed to flat position
2. Remove pillow
3. Place patient in supine position with head, neck, and body in a straight line
4. Place halter on head; secure halter snugly
5. Pad ears if halter fits close to them
6. Attach spreader bar to head halter (See Figure 34)

JOB SHEET #5

FIGURE 34

I. Position patient for pelvic traction

1. Remove all top covers except top sheet

2. Lower head and knee rests to flat position

3. Place pelvic belt under patient, with top edge at level of iliac crest

4. Secure belt snugly

   (NOTE: Belt may be fastened with buckles and straps or with Velcro fasteners.)

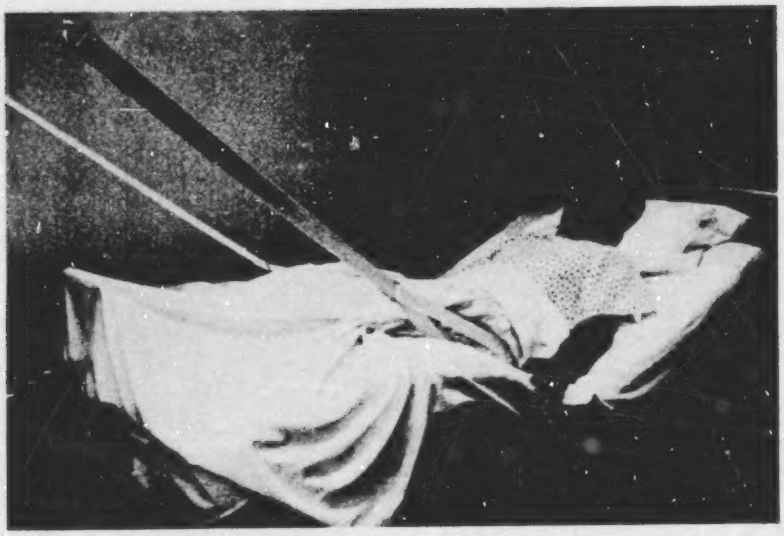
5. Elevate patient to semi-Fowler's position or to prescribed position

6. Attach straps from belt to spreader bar

7. Fold or drape sheet as needed to cover patient, but do not obstruct traction apparatus (See Figure 35)

JOB SHEET #5

FIGURE 35



J. Lower weight slowly and gradually

K. Check apparatus

1. Be sure straps and fasteners are straight and secure
2. Maintain patient's position for desired alignment and pull
3. Keep weight hanging free at all times
4. Notify physician or charge nurse immediately of any tingling, numbness, or increase in pain

L. Discontinue traction after treatment

1. Lift weight slowly and gradually
2. Remove weight from apparatus
3. Disconnect stretcher bar from head halter or pelvic belt
4. Remove head halter or pelvic belt

M. Observe for signs or symptoms of pressure

N. Provide for patient's comfort

JOB SHEET #5

O. Return equipment to storage

(NOTE: The equipment may be stored in or near the patient's unit if it is used frequently.)

P. Wash hands

Q. Report and record procedure

R. Return to patient to check effectiveness of treatment

JOB SHEET #5

III. Checklist for procedure for applying cervical or pelvic traction

		Performed Well	Needs Improvement
A.	Washed hands	☐	☐
B.	Assembled equipment	☐	☐
C.	Identified patient and explained procedure	☐	☐
D.	Attached pulley equipment to head of bed for cervical traction or to foot of bed for pelvic traction	☐	☐
E.	Threaded rope through pulley	☐	☐
F.	Attached end of rope nearest patient to spreader bar, using a traction knot	☐	☐
G.	Attached weight to distal end of rope, using a traction knot; placed weight on bed or chair	☐	☐
H.	Positioned patient for cervical traction by lowering bed to flat position; removing pillow; placing patient in supine position with head, neck, and body in a straight line; placing halter on head; securing halter snugly; padding ears if halter fitted close to them; attaching spreader bar to head halter	☐	☐
I.	Positioned patient for pelvic traction by removing all top covers except top sheet; lowering head and knee rests to flat position; placing pelvic belt under patient, with top edge at level of iliac crest; securing belt snugly; elevating patient to semi-Fowler's position or to prescribed position; attaching straps from belt to spreader bar; folding or draping sheet as needed to cover patient, but not obstructing traction apparatus	☐	☐
J.	Lowered weight slowly and gradually	☐	☐
K.	Checked apparatus by being sure straps and fasteners were straight and secure; maintaining patient's position for desired alignment and pull; keeping weight hanging free at all times; notifying physician or charge nurse immediately of any tingling, numbness, or increase in pain	☐	☐

JOB SHEET #5

		Performed Well	Needs Improvement
L.	Discontinued traction after treatment by lifting weight slowly and gradually; removing weight from apparatus; disconnecting stretcher bar from head halter or pelvic belt; removing head halter or pelvic belt	☐	☐
M.	Observed for signs or symptoms of pressure	☐	☐
N.	Provided for patient's comfort	☐	☐
O.	Returned equipment to storage	☐	☐
P.	Washed hands	☐	☐
Q.	Reported and recorded procedure	☐	☐
R.	Returned to patient to check effectiveness of treatment	☐	☐

Comments:

ASSESSMENT AND MANAGEMENT OF DISEASES AND DISORDERS OF THE MUSCULOSKELETAL SYSTEM
UNIT VI

JOB SHEET #6 — PERFORM LOGROLLING AND POSITIONING

I. Equipment

   A. Four pillows

   B. Four pillowcases

   C. Pull sheet

II. Procedure for logrolling

   A. Check doctor's order and Kardex for schedule of turns

   B. Collect supplies needed

   C. Obtain assistance

   D. Identify patient

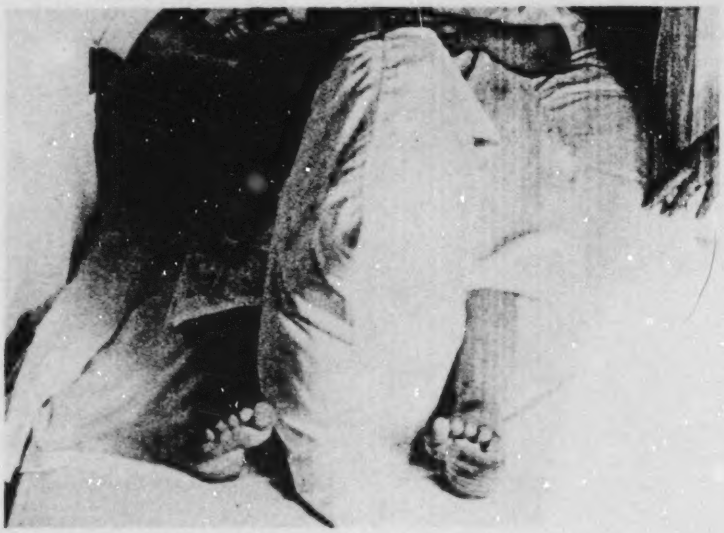
   E. Provide patient privacy

   F. Explain procedure to patient

   G. Wash hands

   H. Place one pillow vertically between patient's legs, leaving head pillow in place (Figure 36)

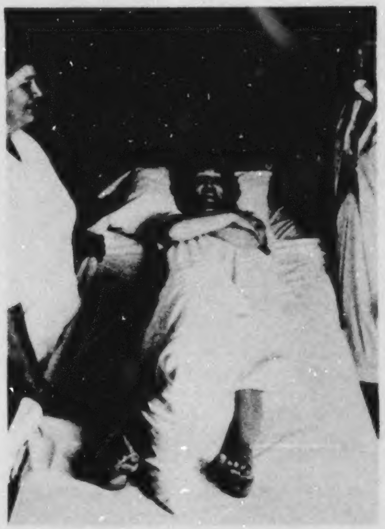
FIGURE 36



JOB SHEET #6

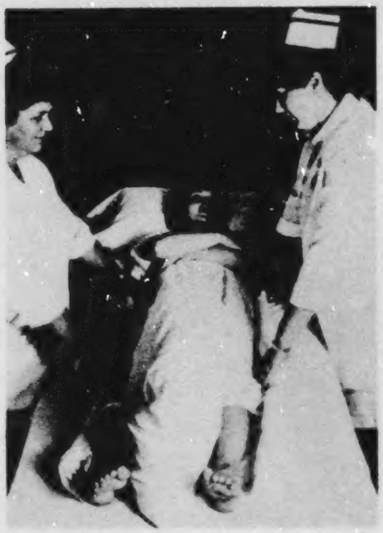
I. Request patient to fold arms across chest (Figure 37)

FIGURE 37



J. Roll/pull turn sheet evenly near patient's body (Figure 38)

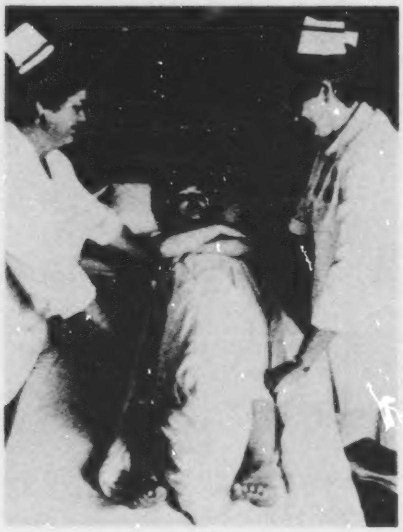
FIGURE 38



JOB SHEET #6

K. With the help of second nurse, use turn sheet to ease patient's body to one side of bed (Figure 39)

FIGURE 39



L. Flatten area of turn sheet patient will be turned to

(NOTE: A third nurse may be used to move the patient's legs.)

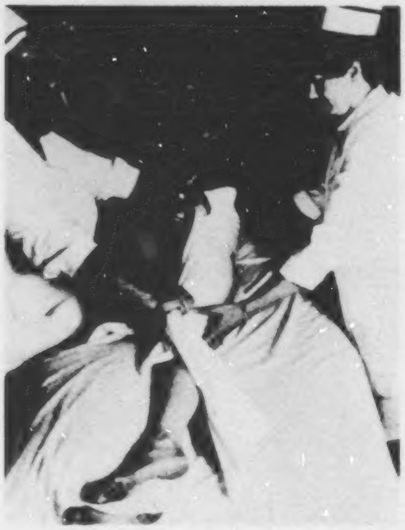
M. Have far nurse reach across patient and grasp rolled turn sheet at shoulder and waist area of patient

N. Have near nurse place hand at patient's mid-chest and hip area

JOB SHEET #6

O. Pull turn sheet and patient simultaneously toward far nurse (Figure 40)

FIGURE 40



P. Inspect all skin areas for signs of pressure

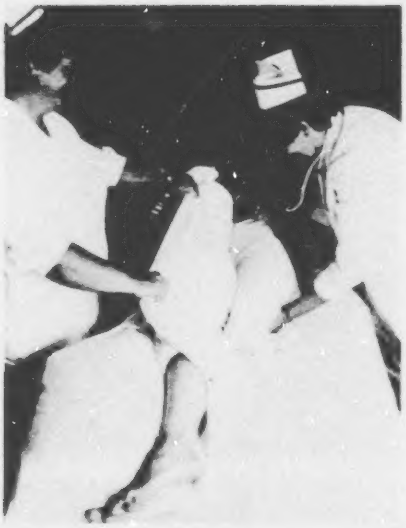
Q. Record procedure

III. Procedure for positioning

A. Maintain vertical leg pillow

B. Roll pillows snugly to patient's upper back and buttocks (Figure 41)

FIGURE 41



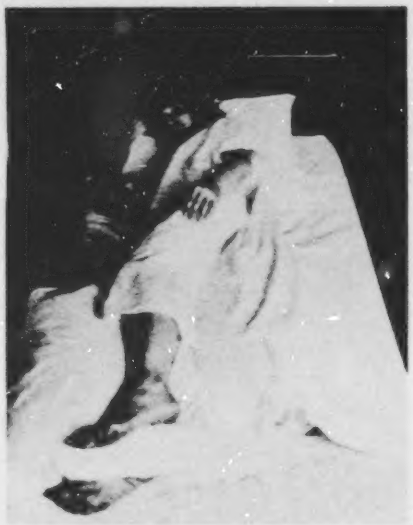
JOB SHEET #6

C. Grasp underside of patient's elbow and wrist; ease until arm is parallel to shoulder

D. Place pillow by patient's chest

E. Make patient comfortable (Figure 42)

FIGURE 42



F. Wash hands

G. Record procedure

JOB SHEET #6

IV. Checklist for procedure for logrolling

		Performed Well	Needs Improvement
A.	Checked doctor's order and Kardex for schedule of turns	☐	☐
B.	Collected supplies needed	☐	☐
C.	Obtained assistance	☐	☐
D.	Identified patient	☐	☐
E.	Provided patient privacy	☐	☐
F.	Explained procedure to patient	☐	☐
G.	Washed hands	☐	☐
H.	Placed one pillow vertically between patient's legs, leaving head pillow in place	☐	☐
I.	Requested patient to fold arms across chest	☐	☐
J.	Rolled/pulled turn sheet evenly near patient's body	☐	☐
K.	With the help of second nurse, used turn sheet and eased patient's body to one side of bed	☐	☐
L.	Flattened area of turn sheet patient was to be turned to	☐	☐
M.	Far nurse reached across patient and grasped rolled turn sheet at shoulder and waist area of patient	☐	☐
N.	Near nurse placed hand at patient's mid-chest and hip area	☐	☐
O.	Pulled turn sheet and patient simultaneously toward far nurse	☐	☐
P.	Inspected all skin areas for signs for pressure	☐	☐
Q.	Recorded procedure	☐	☐

JOB SHEET #6

Comments:

V. Checklist for procedure for positioning

		Performed Well	Needs Improvement
A.	Maintained vertical leg pillow	☐	☐
B.	Rolled pillows snugly to patient's upper back and buttocks	☐	☐
C.	Grasped underside of patient's elbow and wrist; eased until arm was parallel to shoulder	☐	☐
D.	Placed pillow by patient's chest	☐	☐
E.	Made patient comfortable	☐	☐
F.	Washed hands	☐	☐
G.	Recorded procedure	☐	☐

Comments:

ASSESSMENT AND MANAGEMENT OF DISEASES AND DISORDERS OF THE MUSCULOSKELETAL SYSTEM
UNIT VI

JOB SHEET #7 — WRAP A LEG AMPUTATION STUMP

I. Equipment

  A. Elastic bandages

    1. Four-inch width for below-knee amputation

    2. Six-inch width for above-knee amputation

  B. Clips or tape

II. Procedure

(NOTE: Similar procedures might be used to wrap arm amputation stumps. However, for arm amputations, the physician will generally have more specific instructions, depending on the amputation site and the type of prosthesis to be used.)

  A. Wash hands

  B. Assemble equipment

  C. Identify patient and explain procedure

  D. Provide privacy

  E. Expose amputation stump

  F. Cleanse skin with soap and water; rinse and dry well

  G. Bandage stump

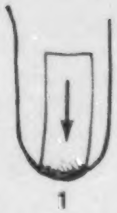
    1. For long stump or below-knee stump

      a. Place end of elastic bandage high on anterior surface of leg

      b. Unroll bandage to extend over end of stump and up on posterior surface (See Figure 43)

JOB SHEET #7

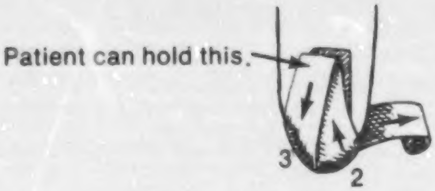
FIGURE 43



c. Repeat maneuver two more times

d. Turn bandage to begin a circular spiral (Figure 44)

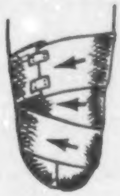
FIGURE 44



e. Continue spiral until all of bandage is used

f. Secure bandage with clips or tape (Figure 45)

FIGURE 45

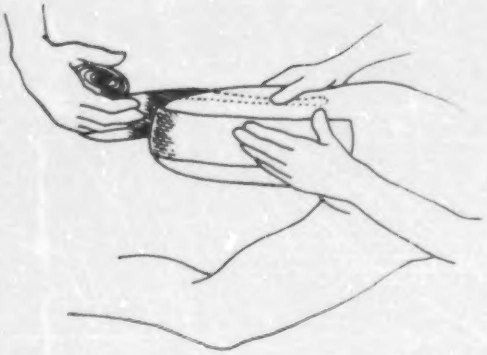


2. For above-knee stump

   a. Place end of elastic bandage high on anterior surface of leg (See Figure 46)

JOB SHEET #7

FIGURE 46

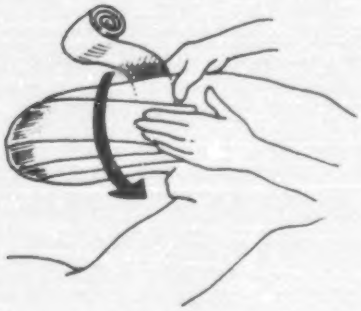


b. Unroll bandage to extend over end of stump and up on posterior surface

c. Repeat maneuver to cover end of stump snugly

d. Turn bandage to begin a circular spiral (Figure 47)

FIGURE 47



e. Continue circular turns toward top of stump, across back of stump, and around body toward waist (See Figures 48 and 49)

JOB SHEET #7

FIGURE 48

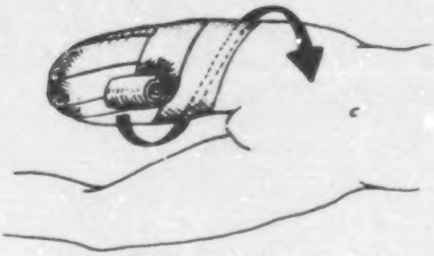
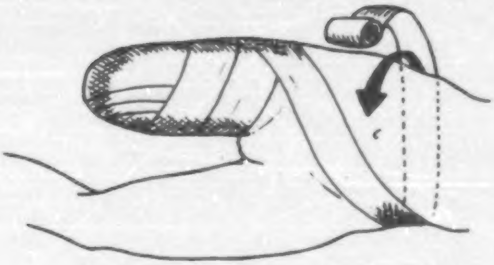
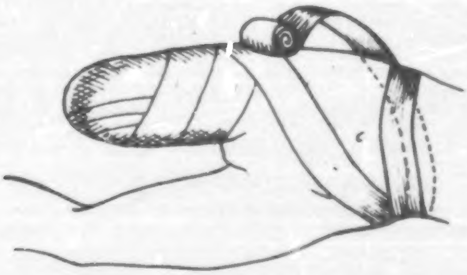


FIGURE 49



f. Encircle waist one complete turn (Figure 50)

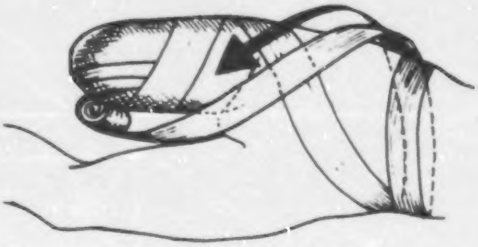
FIGURE 50



JOB SHEET #7

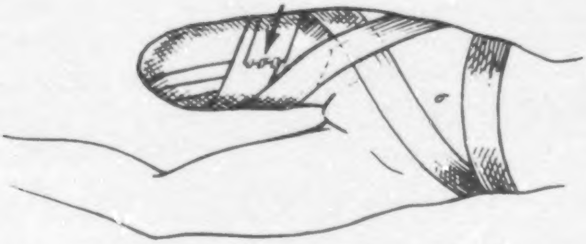
g. Bring bandage from back of waist diagonally down onto front of leg (Figure 51)

FIGURE 51



h. Encircle stump with remainder of bandage; secure end (Figure 52)

FIGURE 52



I. Permit patient to assist as able

J. Provide for patient's comfort

K. Return unused equipment to storage

L. Wash hands

M. Report and record treatment

JOB SHEET #7

III. Checklist for procedure for wrapping a leg amputation stump

		Performed Well	Needs Improvement
A.	Washed hands	☐	☐
B.	Assembled equipment	☐	☐
C.	Identified patient and explained procedure	☐	☐
D.	Provided privacy	☐	☐
E.	Exposed amputation stump	☐	☐
F.	Cleansed skin with soap and water; rinsed and dried well	☐	☐

Comments:

IV. Checklist for bandaging long stump or below-knee stump

		Performed Well	Needs Improvement
A.	Placed end of elastic bandage high on anterior surface of leg	☐	☐
B.	Unrolled bandage to extend over end of stump and up on posterior surface	☐	☐
C.	Repeated maneuver two more times	☐	☐
D.	Turned bandage to begin a circular spiral	☐	☐
E.	Continued spiral until all of bandage was used	☐	☐
F.	Secured bandage with clips or tape	☐	☐

JOB SHEET #7

Comments:

V. Checklist for bandaging above-knee stump

		Performed Well	Needs Improvement
A.	Placed end of elastic bandage high on anterior surface of leg	☐	☐
B.	Unrolled bandage to extend over end of stump and up on posterior surface	☐	☐
C.	Repeated maneuver to cover end of stump snugly	☐	☐
D.	Turned bandage to begin a circular spiral	☐	☐
E.	Continued circular turns toward top of stump, across back of stump, and around body toward waist	☐	☐
F.	Encircled waist one complete turn	☐	☐
G.	Brought bandage from back of waist diagonally down onto front of leg	☐	☐
H.	Encircled stump with remainder of bandage and secured end	☐	☐

Comments:

JOB SHEET #7

VI. Checklist for conclusion of procedure for wrapping a leg amputation stump

		Performed Well	Needs Improvement
A.	Permitted patient to assist as able	☐	☐
B.	Provided for patient's comfort	☐	☐
C.	Returned unused equipment to storage	☐	☐
D.	Washed hands	☐	☐
E.	Reported and recorded treatment	☐	☐

Comments: ______________________________

____

____

____

____

ASSESSMENT AND MANAGEMENT OF DISEASES AND DISORDERS OF THE MUSCULOSKELETAL SYSTEM
UNIT VI

JOB SHEET #8 — APPLY A LEG PROSTHESIS

I. Equipment

- A. Bath blanket
- B. Prosthesis
- C. Prosthesis stockinette
- D. Protective material

II. Procedure

- A. Check doctor's orders
- B. Collect equipment
- C. Identify patient
- D. Provide patient privacy
- E. Explain procedure to patient
- F. Wash hands
- G. Apply bath blanket as top linens are removed
- H. Apply protective material and stockinette to stump area
- I. Observe prosthesis for functioning capacity and stability
- J. Assist patient with adjustments
- K. Ease stump into prosthesis socket
- L. Have patient settle weight onto prosthesis until proper pressure distribution is felt
- M. Secure harness/belts and buckle in area that will not promote tissue friction
- N. Instruct patient to keep prosthesis from becoming excessively wet; to wash prosthesis stockinette daily with warm, soapy water; to keep stockinette dry after washing and after use; and to lubricate hinges weekly

JOB SHEET #8

O. Progress patient slowly from low Fowler's position, to dangling position with some pressure on prosthesis, to standing

P. Assist with ambulation

Q. Remove prosthesis and place in a location convenient for the patient

R. Wash hands

S. Record procedure

JOB SHEET #8

III. Checklist for procedure for applying a prosthesis

		Performed Well	Needs Improvement
A.	Checked doctor's orders	☐	☐
B.	Collected equipment	☐	☐
C.	Identified patient	☐	☐
D.	Provided patient privacy	☐	☐
E.	Explained procedure to patient	☐	☐
F.	Washed hands	☐	☐
G.	Applied bath blanket as top linens were removed	☐	☐
H.	Applied protective material and stockinette to stump area	☐	☐
I.	Observed prosthesis for functioning capacity and stability	☐	☐
J.	Assisted patient with adjustments	☐	☐
K.	Eased stump into prosthesis socket	☐	☐
L.	Had patient settle weight onto prosthesis until proper pressure distribution was felt	☐	☐
M.	Secured harness/belts and buckle in area that would not promote tissue friction	☐	☐
N.	Instructed patient to keep prosthesis from becoming excessively wet; to wash prosthesis stockinette daily with warm, soapy water; to keep stockinette dry after washing and after use; and to lubricate hinges weekly	☐	☐
O.	Progressed patient slowly from low Fowler's position, to dangling position with some pressure on prosthesis, to standing	☐	☐
P.	Assisted with ambulation	☐	☐

JOB SHEET #8

		Performed Well	Needs Improvement
Q.	Removed prosthesis and placed in a location convenient for the patient	☐	☐
R.	Washed hands	☐	☐
S.	Recorded procedure	☐	☐

Comments:

ASSESSMENT AND MANAGEMENT OF DISEASES AND DISORDERS OF THE MUSCULOSKELETAL SYSTEM
UNIT VI

TEST

NAME ______________________________ SCORE ______________

1. Match to their correct definitions terms associated with diseases and disorders of the musculoskeletal system. Write the correct numbers in the blanks.

_____a. Branch of medicine dealing with prevention or correction of diseases and disorders involving the locomotor structure of the body

_____b. Procedure for bringing two fragments of bone into proper alignment

_____c. Mass resulting from coagulation of blood in a tissue or cavity

_____d. Orthopedic cast that encases part or all of the trunk and immobilizes one or more of the extremities

_____e. Solid mold of a part; usually applied directly to provide immobilization of part

_____f. Immobilization of a part by the operative insertion of one or more metal devices

_____g. Exertion of a pulling force, such as that applied to a fractured bone or dislocated joint to maintain proper position and to facilitate healing

_____h. Support made of wood, metal, plaster, heavy plastic filled with air, or other rigid material for supporting a fracture or restricting the movement of any movable part

1. Reduction
2. Splint
3. Cast
4. Orthopedics
5. Internal fixation
6. Spica cast
7. Traction
8. Hematoma

2. List procedures used to diagnose diseases and disorders of the musculoskeletal system.

a. ______________________________

b. ______________________________

c. ______________________________

d. ______________________________

e. ______________________________

TEST

3. Match common musculoskeletal injuries to their correct descriptions. Write the correct numbers in the blanks.

______a. Injury to soft tissues by a blunt force; causes ecchymosis and possibly a hematoma

______b. Stretched or torn ligament due to a wrench or twist of a joint; causes pain, swelling, ecchymosis, and immobility

______c. Injury to musculotendinous unit by excessive force or stretching; causes hemorrhage into muscle

______d. Displacement of a bone from its normal position in a joint due to ligaments giving away completely; causes pain, abnormal position of joint, and immobility

______e. Break in a bone; causes abnormal position of bones, pain, and immobility

______f. Rupture of an intervertebral disc from between the vertebrae, usually in the lumbar area; causes pain in affected side

1. Fracture
2. Herniated disc
3. Sprain
4. Contusion
5. Dislocation
6. Strain

4. Match types of fractures to their correct descriptions. Write the correct numbers in the blanks.

______a. Bone bends and splits but does not completely break

______b. Break makes no open wound

______c. Bone breaks through skin causing an open wound

______d. Break does not involve complete cross section of bone

______e. Break involves entire cross section of bone

______f. Break involves fragments of one bone being driven into a second bone

______g. Break occurs without force or injury

______h. Break dents bone inward

______i. Break occurs at right angle to axis of bone

______j. Break slants across bone

______k. Break twists around shaft of bone

______l. Break splinters or crushes bone

1. Simple
2. Compound
3. Compression (depressed)
4. Complete
5. Greenstick
6. Impacted
7. Pathologic
8. Incomplete
9. Spiral
10. Comminuted
11. Transverse
12. Oblique

TEST

5. Select from the following list common primary and secondary complications of fractures. Write an "X" in the blank before each correct answer.

Primary

_____a. Urethritis

_____b. Nonunion of bone ends

_____c. Nerve damage

_____d. Blood vessel damage

_____e. Ulcers

_____f. Embolism

_____g. Wound infection

_____h. Colitis

_____i. Shock

_____j. Hemorrhage

_____k. Fat embolism

Secondary

_____a. Urinary infections and possible nephrolithiasis

_____b. Thrombophlebitis

_____c. Hemorrhage

_____d. Contractures

_____e. Shock

_____f. Decubitus ulcers

_____g. Osteomyelitis

_____h. Paralytic ileus

6. List methods used to treat fractures.

a. ____

b. ____

c. ____

TEST

7. Arrange in order the stages of bone healing. Write a "1" before the first stage, a "2" before the second stage, and so on.

_____a. Cellular proliferation

_____b. Callus ossification or union

_____c. Callus formation

_____d. Hematoma formation

8. State nursing responsibilities and interventions for caring for a patient in a cast.

Application of cast

a. ______________________________

____

b. ______________________________

____

c. ______________________________

____

d. ______________________________

____

e. ______________________________

____

Care of cast

a. ______________________________

____

b. ______________________________

____

c. ______________________________

____

TEST

d. ____

e. ____

f. ____

g. ____

Care of patient

a. ____

b. ____

c. ____

d. ____

e. ____

f. ____

g. ____

h. ____

TEST

Removal of cast

a. ______________________________

____

b. ______________________________

____

c. ______________________________

____

d. ______________________________

____

e. ______________________________

____

9. Distinguish between symptoms that indicate infection under the cast and those that indicate cast pressure. Write "I" in the blanks before symptoms of infection under the cast, and "P" in the blanks before symptoms of cast pressure.

_____a. Immobility of limb

_____b. Increased warmth of skin around casted area

_____c. Elevated vital signs

_____d. Edema of limb at edges of cast and in fingers or toes

_____e. Elevated white cell count

_____f. Blanched or cyanotic skin color

_____g. Severe pain

_____h. Temperature of fingers or toes colder than those on unaffected side

_____i. Odor of decaying tissue

_____j. Purulent drainage on cast

_____k. Weak or absent pulse

_____l. Numbness in limb

TEST

10. Describe methods of internal fixation used in treating fractures. ______________________

____

____

____

____

____

____

11. Match methods of treating hip fractures to their correct descriptions. Write the correct numbers in the blanks.

_____a. Using pins to hold bones in place

_____b. Using synthetic devices to replace fractured bones that cannot be realigned

_____c. Removing femoral head and acetabulum and replacing them with synthetic parts

1. Total hip replacement
2. Hip pinning
3. Hip prosthesis

12. Describe treatment of fractures with splints. ______________________

____

____

____

____

____

____

13. State steps to follow when helping patients adjust to crutches.

a. ____

b. ____

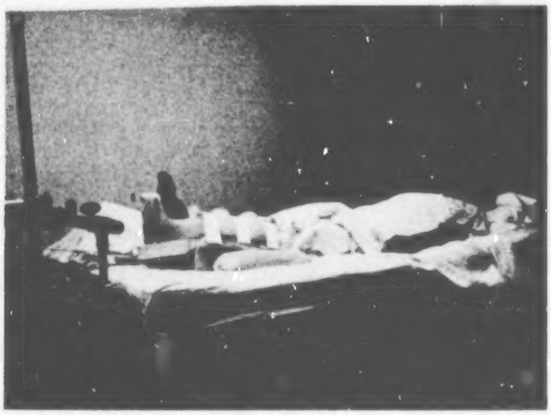
c. ____

d. ____

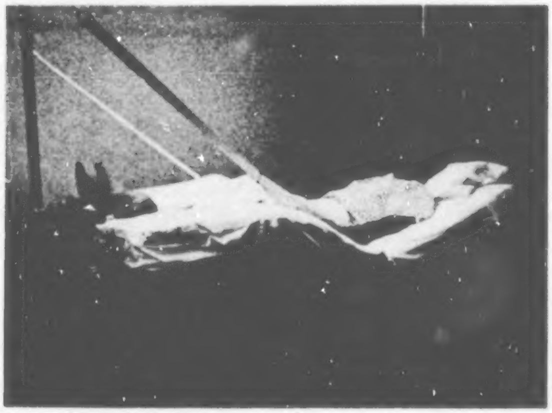
TEST

14. Identify types of traction. Write the correct names in the blanks.

SKELETAL	SKIN
Skull tongs	**Cervical traction**
Bryant's traction	**Steinman pin or Kirschner wire with balanced suspension**
Buck's extension	
Russell's traction	
Pelvic traction	

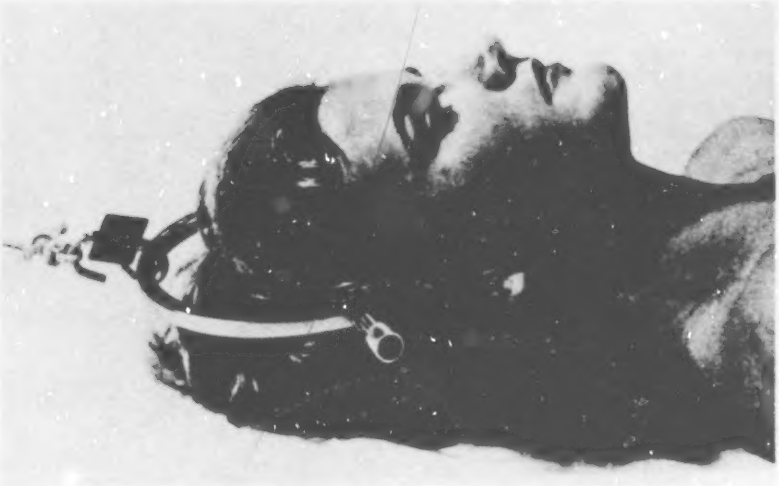


a. ____

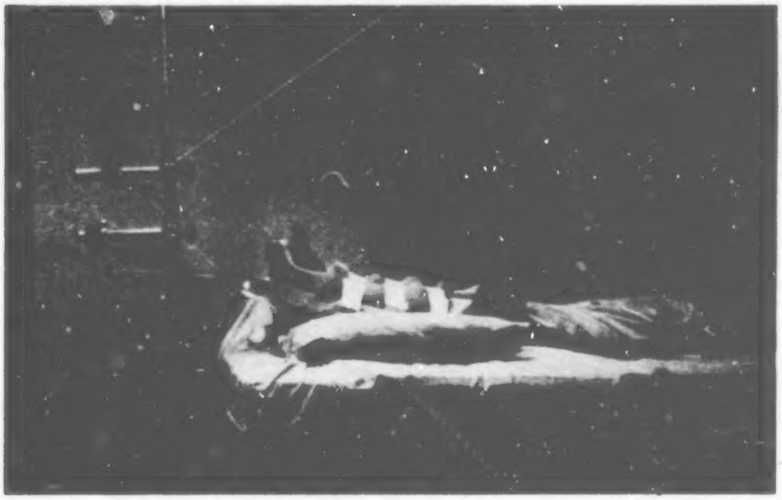


b. ____

TEST

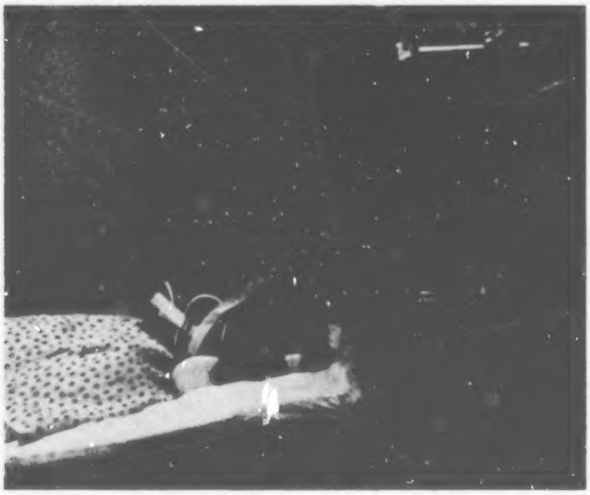


c. ____

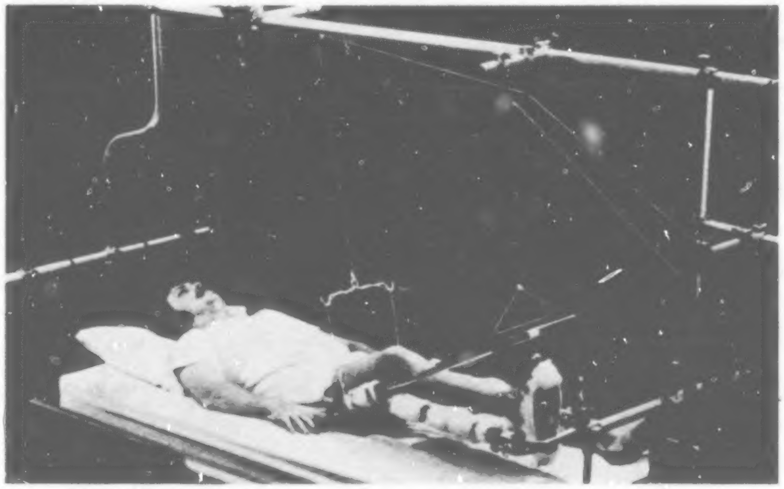


d. ____

TEST

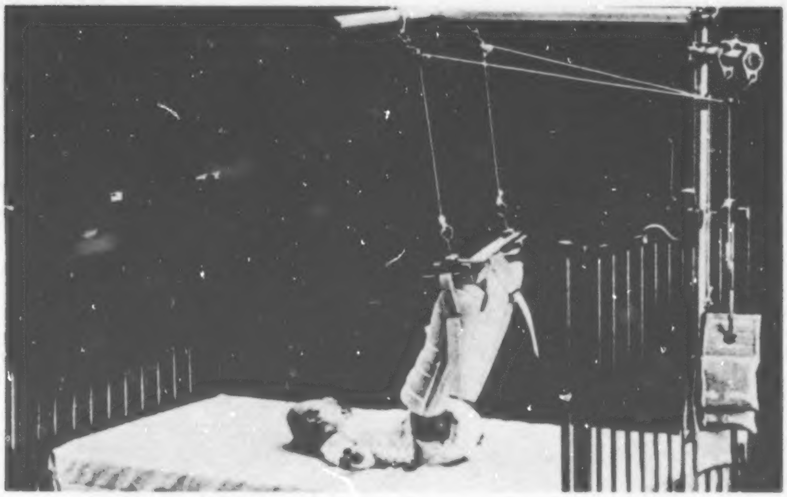


e. ____



f. ____

TEST



g. ____________________

15. State nursing responsibilities and interventions for caring for a patient in traction.

a. ____________________

____

b. ____________________

____

c. ____________________

____

d. ____________________

____

e. ____________________

____

f. ____________________

____

TEST

g. ____

____

h. ____

____

i. ____

____

j. ____

____

k. ____

____

l. ____

____

m. ____

____

16. Match to their correct descriptions common diseases and disorders of the musculoskeletal system. Write the correct numbers in the blanks.

_____a. Inflammation of the bursa

_____b. Inflammation of a tendon

_____c. Mass of nervous tissue caused by distended synovial sacs under the skin near a joint; usually occurs at wrist

_____d. Infection of a bone

_____e. Inflammation of joints

1. Tenosynovitis
2. Bursitis
3. Arthritis
4. Osteomyelitis
5. Ganglion

TEST

17. Identify common musculoskeletal diseases and disorders according to their symptoms and interventions. Write the correct names in the blanks.

Bursitis	**Ganglion**
Tenosynovitis	**Osteomyelitis**

Disease or Disorder	Symptoms	Interventions
a. ______________	Mass appears at site Soreness when bumped	Assist with excision of mass if repeated occurrences
b. ______________	Pain and tenderness of joints Limited motion of joints	Apply heat to affected areas Encourage patient to rest joint Assist in x-ray therapy or surgery if condition becomes severe
c. ______________	Fever Pain Nausea Headache Elevation of WBC Tenderness and swelling of area	Administer specific prescribed antibiotics Provide for rest Encourage balanced diet and fluid intake Maintain absolute bed rest in acute stage Assist with surgical drainage and care of wound Observe for symptoms of infection in other areas of the body
d. ______________	Pain and tenderness with movement Swelling Limited motion of joints	Apply heat to sore area Encourage patient to rest area Discourage activities that cause condition

18. Match types of arthritis to their correct descriptions. Write the correct numbers in the blanks.

______a.	Attack of joint by pathogenic microorganisms	1. Osteoarthritis
______b.	Inflammation of joints that causes deformities by destroying cartilage and forming tough tissue that prevents movement	2. Gout
______c.	Inflammation of joints that leads to destructive changes, pain, and immobility	3. Infectious arthritis
______d.	Inflammation of big toe, instep, ankle, or knee produced from accumulation of uric acid in bloodstream that crystalizes and deposits in the joints	4. Rheumatoid arthritis

TEST

19. Identify types of arthritis according to their symptoms and interventions. Write the correct names in the blanks.

Infectious	**Osteoarthritis**
Rheumatoid	**Gout**

Arthritis	Symptoms	Interventions
a. ____________	Severe pain Swelling Redness	Teach patient to avoid foods that contain high purine levels (liver, bacon, goose, salmon, beans, peas, sardines, kidneys) Use bed cradle to prevent linens from touching joint Apply cold or warm compress gently to area Encourage exercising after pain and redness stop Administer Colchicine if prescribed to relieve symptoms
b. ____________	Pain and swelling around joint Presence of pathogenic microorganisms in fluid withdrawn from joint	Give prescribed antibiotics Maintain bed rest
c. ____________	Stiffness of joints developing slowly Pain upon movement	Encourage patient to rest affected joints and to exercise moderately to avoid total immobility Apply local heat Administer prescribed salicylates Recommend weight loss for obese patients Provide self-help devices for daily living
d. ____________	Swelling of joint Fixation of joint, limiting movement Nodules over pressure points Redness in finger joints Wasted muscles around affected joints	Encourage balanced diet and exercise program Administer prescribed salicylates to relieve joint pain Administer prescribed anti-inflammatory drugs Assist with care of patient after surgery to replace joints

TEST

20. Match to their correct descriptions common diseases and disorders of the musculoskeletal system that specifically affect the pediatric patient. Write the correct numbers in the blanks.

______a. Malformation of hip that appears as a dislocation of hip joint

______b. Deformity that abnormally twists a foot or feet out of shape or position

______c. Disorder of connective tissue that results in defective bone and increased fragility of bone

______d. Aseptic necrosis of femoral head

______e. Lateral curvature of spine

______f. Exaggerated angulation of normal posterior curve of spine; hunchback

______g. Abnormal anterior convexity of spine; swayback

______h. Tuberculosis of spine; affects lower thoracic spine most frequently

______i. Bone cancer found in lower extremities with primary sites in long bones

______j. Bone cancer that attacks shafts of long and trunk bones, specifically in marrow spaces

______k. Inflammatory disease affecting synovium and causing eventual erosion, destruction, and fibrosis of articular cartilage

______l. Deficiency condition that causes shape and structure abnormalities of bone due to lack of vitamin D

______m. Chronic inflammatory disease of the collagen or supporting tissues of the body; causes fibroid deposits in connective tissues and blood vessels in affected area

______n. Gradual degeneration of muscle fibers that results in progressive weakness and wasting of symmetric groups of skeletal muscles; leads to disability and deformity

______o. Soft-tissue sarcoma originating in striated skeletal muscles

1. Legg-Calvé-Perthes disease (coxa plana)
2. Congenital hip dysplasia
3. Congential clubfoot
4. Scoliosis
5. Osteogenesis imperfecta
6. Juvenile rheumatoid arthritis
7. Lordosis
8. Osteogenic sarcoma
9. Ewing's sarcoma
10. Pott's disease
11. Kyphosis
12. Muscular dystrophy
13. Rickets
14. Rhabdomyosarcoma
15. Systemic lupus erythematosus (SLE)

TEST

21. Identify according to their symptoms and interventions common diseases and disorders of the musculoskeletal system that specifically affect the pediatric patient. Write the correct names in the blanks.

Congential hip dysplasia
Congenital clubfoot
Osteogenesis imperfecta
Legg-Calvé-Perthes disease (coxa plana)
Scoliosis
Kyphosis
Lordosis
Muscular dystrophy (pseudohypertrophic or Duchenne's muscular dystrophy)
Pott's disease
Osteogenic sarcoma
Ewing's sarcoma
Juvenile rheumatoid arthritis
Rickets
Systemic lupus erythematosus (SLE)
Rhabdomyosarcoma

Disease or Disorder	Symptoms	Interventions
a. ____________ ____________	Lateral curving of spine	Apply brace to support and hold spine in position Teach exercise to strengthen muscles Provide pre- and postoperative care if surgical intervention is needed
b. ____________ ____________	Fever Pallor Pain and swelling of affected part	Assist with radiation therapy Administer prescribed chemotherapy Assist with pre- and postoperative care after amputation Observe for symptoms of metastasis to lungs, coughing, expectoration of blood, and pain in chest
c. ____________ ____________	Anterior curving of lower vertebrae Abdominal protrusion	Teach postural exercises to strengthen muscles Apply brace to correct severe deformities
d. ____________ ____________	Stiffness Swelling Loss of motion in joints Tenderness and pain on touch Low-grade fever Generalized fatigue Anemia Failure to gain weight	Administer prescribed salicylates, corticosteroids, and gold salts Encourage a physical therapy program to prevent joint deformity Splint joint for rest when inflamed Apply moist heat to joints Encourage patient to eat a well-balanced diet Provide self-help devices for daily activities Encourage independence

TEST

Disease or Disorder	Symptoms	Interventions
e. ____________ ____________	Unilaterial protrusion of eyeball Ecchymosis of conjunctiva Strabismus	Assist with diagnostic tests Provide pre- and postoperative care if surgical removal of tumor is possible Provide support to patient and family during illness Provide care before and following radiotherapy or chemotherapy Explain changes that may occur due to radical surgical procedures or side effects from radiotherapy or chemotherapy
f. ____________ ____________	Abnormal rounding of shoulders Abnormal exaggerated postural lordosis accompanying hunchback angulation	Teach postural exercises to strengthen shoulders Apply brace for more marked deformity
g. ____________ ____________	Progressive muscle weakness, usually in third year Difficulty in riding a bicycle, climbing stairs, and running Difficulty in rising from a sitting or supine position Waddling gait Lordosis Frequent falls Enlargement of muscles of thighs and upper arms from fatty infiltration Contractures and deformities of large and small joints as disease progresses Weakness in respiratory muscles, usually leading to cardiomegaly and eventually death	Assist with diagnostic tests Assist patient in a program that will reduce the disabilities and help the patient lead as active and normal a life as possible Encourage activity as long as possible to keep muscles toned and to prevent contractures Advise families about home care to prevent complications such as infection, obesity, disuse atrophy, and cardiopulmonary problems Refer families to support groups that can provide assistance, such as the Muscular Dystrophy Association of America, Inc. Recommend genetic counseling for families Provide emotional support to patients and families
h. ____________ ____________	Head appears enlarged Dorsal kyphosis Scoliosis with deformities of pelvis Bowlegs or knock knees Epiphyseal enlargement of wrists and ankles Poor muscle tone	Administer large doses of vitamin D Apply braces and splints for deformities

TEST

Disease or Disorder	Symptoms	Interventions
i. ______________ ______________	Restricted abduction of affected limb Shortening of limb Asymmetric thigh and gluteal folds Broadening of perineum Waddling gait and marked lordosis as child begins walking	*Infant*—Use pillow splint or cast to hold joint in full abduction *Toddler*—Use cast or open reduction plus hip spica cast *Older child*—Use open reduction after a progressive treatment of traction
j. ______________ ______________	Recurring pain Joint dysfunction with limitation of motion Mottled appearance of epiphysis on x ray	Prevent patient from bearing weight on affected leg Apply casts or braces after bed rest, and traction to keep head of femur in place Assist with pre- and postoperative care to correct deformity
k. ______________ ______________	Abnormal turning in or out of feet	Apply series of casts until marked overcorrection occurs, or use Denis Browne splint and corrective shoes
l. ______________ ______________	Insidious onset of low-grade fever, chills, weakness, generalized aching, and malaise Swelling of joints Stiffness in affected area Excitability that may lead to seizures Forgetfulness Paralysis of spinal cord Inflammation of heart and lung linings Kidney failure Nausea Diarrhea Flush, usually over bridge of nose and cheeks, called "butterfly rash"	Administer prescribed corticosteroids and antimalarials to relieve renal, arthritic, and dermatologic symptoms Administer prescribed salicylates, anticonvulsives, and antibiotics to treat pain, seizures, and secondary infections Encourage a diet low in sodium and low in protein Advise overweight patient to reduce Support parents and patient throughout illness, and provide information about care
m. ______________ ______________	Increased fragility of slender shafts of long bones Blue scleras Thin skin Hyperextensibility of ligaments Deformed teeth Tendency to bruise easily Recurrent epistaxis Multiple fractures with minimal trauma	Handle carefully to prevent fractures Give prescribed oral magnesium oxide Give support and educate parents

TEST

Disease or Disorder	Symptoms	Interventions
n. ____________ ____________	Pain and swelling of affected area Destruction of bone and new bone formation shown on x rays	Administer prescribed chemotherapy to destroy the malignant cells Assist with pre- and postoperative care after amputation
o. ____________ ____________	Increased irritability Pain over area Assumption of positions that avoid putting weight on vertebrae	Immobilize with extension on Bradford frame until spinal fusion Administer prescribed antimicrobial medications Assist with draining of tubercular abscess

22. Match to their correct descriptions common surgical interventions used in treating musculoskeletal diseases and disorders. Write the correct numbers in the blanks.

_____a. Removal of part of the lamina of a herniated disc

_____b. Replacement of vertebrae by grafting bone from other areas to solidify remaining vertebrae

_____c. Correction of the acute angulation of first metatarsophalangeal joint (hallux valgus)

_____d. Removal of knee joint meniscus

_____e. Excision of synovial membrane

_____f. Correction that removes a portion of a joint and replaces it with a prosthesis

_____g. Excision of a bone to correct bone or joint deformities

_____h. Fusion of a joint in a functional position

_____i. Removal of all or part of a limb, a projecting part or process, or an organ

1. Osteotomy
2. Spinal fusion
3. Meniscectomy
4. Laminectomy
5. Amputation
6. Arthrodesis
7. Bunionectomy
8. Synovectomy
9. Arthroplasty

23. State general nursing responsibilities and interventions for caring for surgical orthopedic patients.

a. ____

____

TEST

b. ______________________________

____

c. ______________________________

____

d. ______________________________

____

e. ______________________________

____

f. ______________________________

____

g. ______________________________

____

h. ______________________________

____

24. State nursing responsibilities and interventions for caring for a patient with a limb amputation.

Preoperatively

a. ______________________________

b. ______________________________

c. ______________________________

d. ______________________________

Postoperatively

a. Amputation without prosthesis

1) ______________________________

2) ______________________________

TEST

3) ____________________

4) ____________________

5) ____________________

b. Amputation with prosthesis

1) ____________________

2) ____________________

3) ____________________

4) ____________________

5) ____________________

(NOTE: Test questions 25 and 26 list the assignment and job sheets. They are an important part of this test. If they have not been completed, check with your instructor.)

25. Plan care for patients with diseases and disorders of the musculoskeletal system.

26. Demonstrate the ability to

a. Check circulation of a patient in a cast.

b. Assist with the removal of a cast.

c. Teach crutch walking.

d. Care for a patient in traction with pins.

e. Apply cervical or pelvic traction.

f. Perform logrolling and positioning.

g. Wrap a leg amputation stump.

h. Apply a leg prosthesis.

ASSESSMENT AND MANAGEMENT OF DISEASES AND DISORDERS OF THE MUSCULOSKELETAL SYSTEM
UNIT VI

ANSWERS TO TEST

1.

a.	4	e.	3
b.	1	f.	5
c.	8	g.	7
d.	6	h.	2

2.
   a. Radiography
   b. Laboratory tests
   c. Electromyography
   d. Reflex test
   e. Bone scan

3.

a.	4	d.	5
b.	3	e.	1
c.	6	f.	2

4.

a.	5	d.	8	g.	7	j.	12
b.	1	e.	4	h.	3	k.	9
c.	2	f.	6	i.	11	l.	10

5. **Primary**

   b, c, d, f, g, i, j, k

   Secondary

   a, b, d, f, g, h

ANSWERS TO TEST

6. a. Open reduction

   b. Closed reduction

   c. Internal fixation

7. a. 2

   b. 4

   c. 3

   d. 1

8. **Application of cast**

   a. Explain procedure to patient

   b. Administer any prescribed medications

   c. Prepare patient

   d. Prepare all needed equipment

   e. Assist physician in application process

   Care of cast

   a. Handle the wet cast carefully; use palms of hands when lifting or moving

   b. Support cast with pillows to preserve contour and to prevent edema of limb

   c. Leave cast uncovered to aid in drying process

   d. Pad cast if rough edges are present

   e. Remove excess plaster from skin around cast

   f. Protect a cast near the perineal area by placing waterproof materials around the cast opening

   g. Make sure that patient does not put any objects into cast

ANSWERS TO TEST

Care of patient

a. Keep patient warm while cast is drying

b. Check frequently for signs of pressure, infection, hypostatic pneumonia, and circulatory impairment

c. Encourage exercise of other body parts

d. Keep skin in good condition and protect skin from irritation

e. Encourage coughing and deep breathing to prevent hypostatic pneumonia

f. Provide a diet high in protein to promote healing, and provide a diet high in bulk and fluids to aid in elimination

g. Provide diversional activities to distract patient from immobile state

h. Use logrolling method to turn patient in a hip spica cast

Removal of cast

a. Explain procedure to patient

b. Assist physician in removal process

c. Remove all padding, plaster dust, and any cast material

d. Note any orders for physical therapy or for exercises that patient must perform

e. Give patient home-care instructions as ordered by physician

9.	a.	P	d.	P	g.	P	j.	I
	b.	I	e.	I	h.	P	k.	P
	c.	I	f.	P	i.	I	l.	P

10. Description should include the following

a. Nails may be driven into the length of long bone to reduce fracture

b. Metal plates applied with screws may be permanently put in place to hold bones that have been fractured in several places

c. Pins or screws may be used to hold bone fragments in place

d. Wires may be used to hold fragments of bones together

ANSWERS TO TEST

11. a. 2
    b. 3
    c. 1

12. Description should include the following
    a. Fractures may be immobilized with splints made of plaster, using one-half or both halves of cast
    b. Fractures may need the Thomas or ring splint and slings used with various types of traction
    c. Fractures may be treated with a removable splint that allows for treatment and observation of affected area

13. a. Teach conditioning exercises
    b. Select the right type of crutches
    c. Measure patient for crutches
    d. Teach crutch-walking gaits according to the disability and patient's strength

14. a. Buck's extension
    b. Pelvic traction
    c. Skull tongs
    d. Russell's traction
    e. Cervical traction
    f. Steinmann pin or Kirschner wire with balanced suspension
    g. Bryant's traction

15. a. Support affected area with appropriate materials
    b. Encourage patient to periodically exercise feet or hands if traction has been applied to legs or arms

ANSWERS TO TEST

c. Check pulleys and ropes frequently to make sure that ropes are in grooves and that weights are hanging free from bed

d. Observe patient's skin color

e. Check for sensation distal to area in traction

f. Keep patient in proper body alignment through an established line of pull by traction

g. Encourage intake of fluids and easily digested food with enough cellulose to prevent constipation

h. Assess urinary system by checking I & O, observing for abdominal distention, and noting any symptoms of infection

i. Encourage patient to cough, breathe deeply, and turn frequently if possible

j. Encourage patient to be as independent as possible

k. Provide good skin care

l. Use a fracture pan for elimination if appropriate

m. Provide moral support and diversional activities

16. a. 2
    b. 1
    c. 5
    d. 4
    e. 3

17. a. Ganglion
    b. Bursitis
    c. Osteomyelitis
    d. Tenosynovitis

18. a. 3
    b. 4
    c. 1
    d. 2

ANSWERS TO TEST

19. a. Gout
    b. Infectious
    c. Osteoarthritis
    d. Rheumatoid

20. a. 2
    b. 3
    c. 5
    d. 1
    e. 4
    f. 11
    g. 7
    h. 10
    i. 8
    j. 9
    k. 6
    l. 13
    m. 15
    n. 12
    o. 14

21. a. Scoliosis
    b. Ewing's sarcoma
    c. Lordosis
    d. Juvenile rheumatoid arthritis
    e. Rhabdomyosarcoma
    f. Kyphosis
    g. Muscular dystrophy (pseudohypertrophic or Duchenne's muscular dystrophy)
    h. Rickets
    i. Congenital hip dysplasia
    j. Legg-Calvé-Perthes disease (coxa plana)
    k. Congenital clubfoot
    l. Systemic lupus erythematosus (SLE)
    m. Osteogenesis imperfecta
    n. Osteogenic sarcoma
    o. Pott's disease

ANSWERS TO TEST

22.

a.	4	d.	3	g.	1
b.	2	e.	8	h.	6
c.	7	f.	9	i.	5

23. a. Check dressing and note color, amount, and consistency of any drainage
    b. Logroll patient as indicated after specific types of surgery
    c. Observe for bladder distention and symptoms of urinary infection
    d. Support surgical areas
    e. Check all equipment carefully to make sure that treatment is effective
    f. Provide distractions for patients with long-term postoperative recovery periods
    g. Observe for changes in blood pressure that indicate hypotension
    h. Ask for assistance in turning or ambulating patients; never assume that you can do it alone

24. **Preoperatively**

    a. Obtain completed informed consent form
    b. Assist patient through the grieving process
    c. Explain to patient that phantom limb sensations may be experienced after amputation of a limb
    d. Prepare patient

    Postoperatively

    a. Amputation without prosthesis
        1) Elevate stump according to physician's preference
        2) Use footboard for unoperated extremity
        3) Check dressing and note color and amount of any drainage
        4) Follow traction care if used on an open amputation
        5) Prevent muscle contractures by correct positioning in bed

ANSWERS TO TEST

b. Amputation with prosthesis

1) Give cast care

2) For leg amputations, teach crutch walking as soon as patient can ambulate

3) Keep harness belt tightened to hold prosthesis in place

4) Bandage stump as directed by physician to help shrink and shape it properly

5) Work with physical therapy to provide a routine to teach the patient to use the prosthesis properly

25. Evaluated to the satisfaction of the instructor

26. Performance skills evaluated to the satisfaction of the instructor

ASSESSMENT AND MANAGEMENT OF DISEASES AND DISORDERS OF THE CENTRAL NERVOUS SYSTEM
UNIT VII

UNIT OBJECTIVE

After completing this unit, the student should be able to plan and provide care for patients with neurological diseases and disorders. The student will show this knowledge by completing the assignment sheet, job sheets, and unit test with a minimum score of 85 percent.

SPECIFIC OBJECTIVES

After completing this unit, the student should be able to

1. Match to their correct definitions terms associated with diseases and disorders of the central nervous system.
2. List general types of conditions that affect the central nervous system.
3. List general indications of diseases and disorders of the central nervous system.
4. Match states of consciousness to their correct descriptions.
5. Match to their correct uses diagnostic tests performed to assess central nervous system functions.
6. State nursing interventions for caring for patients undergoing diagnostic tests performed to assess the central nervous system.
7. Describe general nursing interventions for a patient with neurological diseases and disorders.
8. List special equipment used in the treatment of some diseases and disorders of the central nervous system.
9. Select from a list symptoms of intracranial pressure (ICP).
10. Describe symptoms and interventions for traumatic injuries of the nervous system.
11. State nursing interventions for a patient with a brain tumor.
12. Match to their correct descriptions common infectious/inflammatory diseases and disorders of the central nervous system.
13. Identify according to their symptoms and interventions infectious/inflammatory diseases of the central nervous system.

OBJECTIVE SHEET

14. Match common nerve disorders to their correct descriptions.

15. Identify common nerve disorders according to their symptoms and interventions.

16. Match cerebral vascular accidents (CVA) to their correct causes.

17. List symptoms of a cerebral vascular accident.

18. Match cerebral vascular accidents to their common results.

19. State nursing interventions for emergency and rehabilitative phases of a cerebral vascular accident.

20. State general nursing interventions for the treatment of a patient with paralysis.

21. Match to their correct descriptions common degenerative diseases and disorders that affect the central nervous system.

22. Identify according to their symptoms and interventions common degenerative diseases and disorders that affect the central nervous system.

23. Match common seizures to their correct descriptions.

24. State nursing interventions for the patient with a grand mal seizure.

25. List emergency equipment needed for the patient placed on seizure precautions.

26. Match to their correct descriptions common diseases and disorders of the central nervous system seen specifically in pediatric patients.

27. Identify according to their symptoms and interventions common diseases and disorders of the central nervous system seen specifically in pediatric patients.

28. Match to their correct descriptions common surgical procedures used to treat patients with diseases and disorders of the central nervous system.

29. Select from a list common nursing interventions for patients undergoing surgical procedures to treat diseases and disorders of the central nervous system.

30. Plan care for patients with diseases and disorders of the central nervous system.

31. Demonstrate the ability to

    a. Perform a neurocheck.

    b. Assist with lumbar and cisternal punctures.

    c. Assist with the use of a walker.

ASSESSMENT AND MANAGEMENT OF DISEASES AND DISORDERS OF THE CENTRAL NERVOUS SYSTEM
UNIT VII

SUGGESTED ACTIVITIES

I. Unit contents

   A. Objective sheet

   B. Suggested activities

   C. Information sheet

   D. Assignment Sheet #1 — Plan Care for Patients with Diseases and Disorders of the Central Nervous System

   E. Answers to assignment sheet

   F. Job sheets

      1. Job Sheet #1 — Perform a Neurocheck

      2. Job Sheet #2 — Assist with Lumbar and Cisternal Punctures

      3. Job Sheet #3 — Assist with the Use of a Walker

   G. Test

   H. Answers to test

II. Instructor's guide

   A. Order filmstrips to supplement unit.

   (NOTE: The following filmstrips are available from the Trainex Corporation, P. O. Box 116, Garden Grove, California 92642. Filmstrips "1" through "3" cover cranial trauma assessment, patterns of brain damage, rehabilitation, surgical management, and assessment of intracranial pressure.)

      1. *Injuries to the Head and Spine*

      2. *Care of the Patient with a Head Injury*

      3. *Disorders of the Central Nervous System*

      4. *Introduction to Seizure Disorders*

SUGGESTED ACTIVITIES

5. *Lumbar Puncture*
6. *Muscular Dystrophy*
7. *Nursing Care in Seizure Disorders*
8. *Rehabilitation of Patient with a Stroke*
9. *Young Spastic Child*

B. Introduce unit by stressing the frequency of neurological diseases and disorders.

SUGGESTIONS:

- Discuss the number of injury trauma cases seen in ERs, and relate the need for accurate assessment of neurological status.
- Ask students how many persons they know who have suffered strokes and have undergone rehabilitation in the past year.

C. Review the normal anatomy and physiology of the nervous system.

SUGGESTION:

- Use the unit test in *Practical Nursing: Volume I*, Unit XIII, "Nervous System and Special Senses," to review students' knowledge of this system.

D. Provide students with objective sheet.

E. Discuss unit and specific objectives.

F. Provide students with information, assignment, and job sheets.

G. Discuss information, assignment, and job sheets.

1. Discuss Information Sheet, Sections I and II, pointing out the general types of conditions that affect the central nervous system. Familiarize students with terms related to the central nervous system.

    SUGGESTIONS:

    - Ask students to brainstorm and give examples of the general types of conditions that affect the central nervous system.
    - Use Supplement #1, filling the can of Squirms with the general types of nervous system conditions typed on strips of paper. Have students draw a slip and give an example of the type of condition drawn.

SUGGESTED ACTIVITIES

2. Discuss Information Sheet, Section III. Review the assessment of a normal or healthy nervous system and relate to indications seen in diseases and disorders of the central nervous system.

   SUGGESTION:

   - Review the neurological exam; discuss how different the results would be as seen in a patient with diseases and disorders of this system.

3. Discuss Information Sheet, Section IV, emphasizing the importance of accurately assessing the levels and states of consciousness of patients during the early identification of complications of diseases and disorders of the central nervous system.

   SUGGESTION:

   - Demonstrate the use of the Glasgow Coma Scale, using Supplement #2 and examples. Discuss the importance of frequent and thorough assessment of the levels of patient consciousness.

4. Discuss Information Sheet, Sections V and VI, diagnostic tests and nursing interventions for the patient undergoing assessment of the central nervous system.

   SUGGESTIONS:

   - Provide students with an opportunity to see the performance of diagnostic tests to assess the nervous system, and to observe the care of patients undergoing diagnostic tests.

   - Have students complete Job Sheets #1 and #2.

5. Emphasize the information outlined in Information Sheet, Section VII, and stress the importance of good nursing care to prevent complications in diseases and disorders of the central nervous system.

   SUGGESTIONS:

   - Show filmstrips *Care of the Patient with a Head Injury* and *Nursing Care in Seizure Disorders.*

   - Have students complete Assignment Sheet #1 so that they may practice planning care for patients with diseases and disorders of the central nervous system.

SUGGESTED ACTIVITIES

6. Discuss Information Sheet, Section VIII. Stress the importance of developing skill in using the special equipment used in caring for the patient with diseases and disorders of the central nervous system.

   SUGGESTION:

   - Take a field trip to a facility that utilizes the equipment outlined in Section VIII. Allow students to practice using the equipment if possible.

7. Discuss Information Sheet, Section IX, emphasizing the importance of monitoring patients very carefully for symptoms of ICP.

   SUGGESTION:

   - Show filmstrip *Disorders of the Central Nervous System, Assessment of Intracranial Pressure.*

8. Discuss Information Sheet, Section X, stressing nursing interventions for traumatic injuries to the nervous system.

   SUGGESTION:

   - Invite a paramedic to speak to the class about emergency treatment of traumatic injuries to the central nervous system.

9. Supplement Information Sheet, Sections XI through XV with more in-depth information covering brain tumors and diseases and disorders of the central nervous system.

   SUGGESTIONS:

   - Ask a neurologist to speak to the class about the treatment of diseases and disorders of the central nervous system.

   - **Assign students reports on diseases and disorders of the central nervous system and their treatments.**

   - Show filmstrip *Disorders of the Central Nervous System.*

10. Discuss Information Sheet, Sections XVI through XX. Emphasize the early detection of patients with cerebral vascular accidents and the rehabilitation of these patients.

    SUGGESTIONS:

    - Ask a nurse who specializes in neurology to speak to the class about nursing care for stroke patients.

SUGGESTED ACTIVITIES

- Take a field trip to a rehabilitation center to observe the treatment provided.

- Show filmstrip *Rehabilitation of Patient with Stroke.*

- Obtain from local rehabilitation agency materials related to care and services for patients who have suffered strokes.

- Have students complete Job Sheet #3.

11. Discuss Information Sheet, Sections XXI and XXII, stressing early diagnosis in the treatment of degenerative disorders that affect the central nervous system.

SUGGESTIONS:

- Contact pertinent organizations for more information about the various disorders listed. Ask for brochures, films, posters, and other materials.

- Have the class become involved in telethons or drives to collect funds for the various groups that research and treat degenerative disorders.

(NOTE: This activity would make an excellent project for HOSA community service.)

12. Supplement Information Sheet, Sections XXIII through XXV with additional information on seizures.

SUGGESTIONS:

- Invite a nurse clinician who works with epileptic patients to speak to the class on the care of epileptic patients.

- Show filmstrips *Introduction to Seizure Disorders* and *Nursing Care in Seizure Disorders.*

13. Supplement Information Sheet, Sections XXVI and XXVII, diseases and disorders of the central nervous system specific to pediatric patients.

SUGGESTIONS:

- Invite a pediatric nurse to speak about treatment for diseases and disorders of the pediatric patient.

- Show filmstrip *Young Spastic Child.*

- Take a field trip to a state hospital to observe care of children with diseases and disorders of the central nervous system.

SUGGESTED ACTIVITIES

14. Discuss Information Sheet, Sections XXIX and XXX. Stress the importance of frequent assessment of patients following the surgical procedures used to treat diseases and disorders of the central nervous system.

    SUGGESTIONS:

    - Obtain permission for students to observe neurosurgery.
    - Assign students to care for neurological patients.

H. Give test.

I. Reteach and retest if necessary.

III. Unit references

A. Brunner, Lillian Sholtis, and Doris Smith Suddarth. *The Lippincott Manual of Nursing Practice*, 3rd ed. Philadelphia: J.B. Lippincott Company, 1982.

B. Hickey, Jeanne V.X. *The Clinical Practice of Neurological and Neurosurgical Nursing*. Philadelphia, Pennsylvania: J.B. Lippincott Company, 1981.

C. Rogers, Helen V. *Nursing III: A Course of Study*. Stillwater, Oklahoma: State Department of Vocational and Technical Education/Curriculum and Instructional Materials Center, 1976.

D. Rosdahl, Caroline Bunker. *Textbook of Basic Nursing*, 3rd ed. Philadelphia: J.B. Lippincott Company, 1981.

E. Scherer, Jeanne C. *Introductory Medical Surgical Nursing*, 3rd ed. Philadelphia: J.B. Lippincott Company, 1982.

F. Whaley, Lucille F., and Donna L. Wong. *Essentials of Pediatric Nursing*. St. Louis: The C.V. Mosby Company, 1982.

SUGGESTED ACTIVITIES

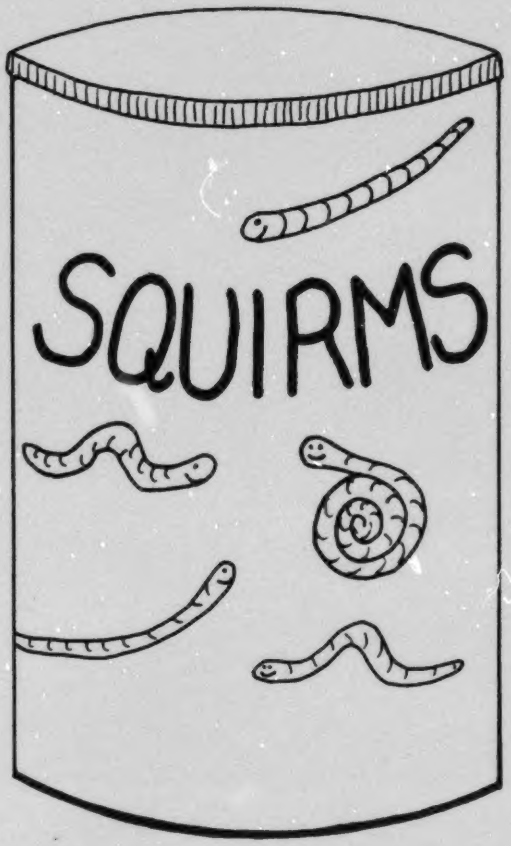
SUPPLEMENT #1 — SQUIRMS

We all have slump periods. Students get those mid-morning "itchies" or those after-lunch "sleepies" where they either cannot sit still or they doze through one of the teacher's carefully planned, invigorating lectures.

A quick way to bring students around is a can of Squirms. This can contains case studies, role-playing situations, or questions written on slips of paper, and may be used for discussion or review for an upcoming examination. The class may be divided into teams to answer questions or to role-play situations. Questions may be selected and answered by students for points, for extra minutes at break, or for a prize.

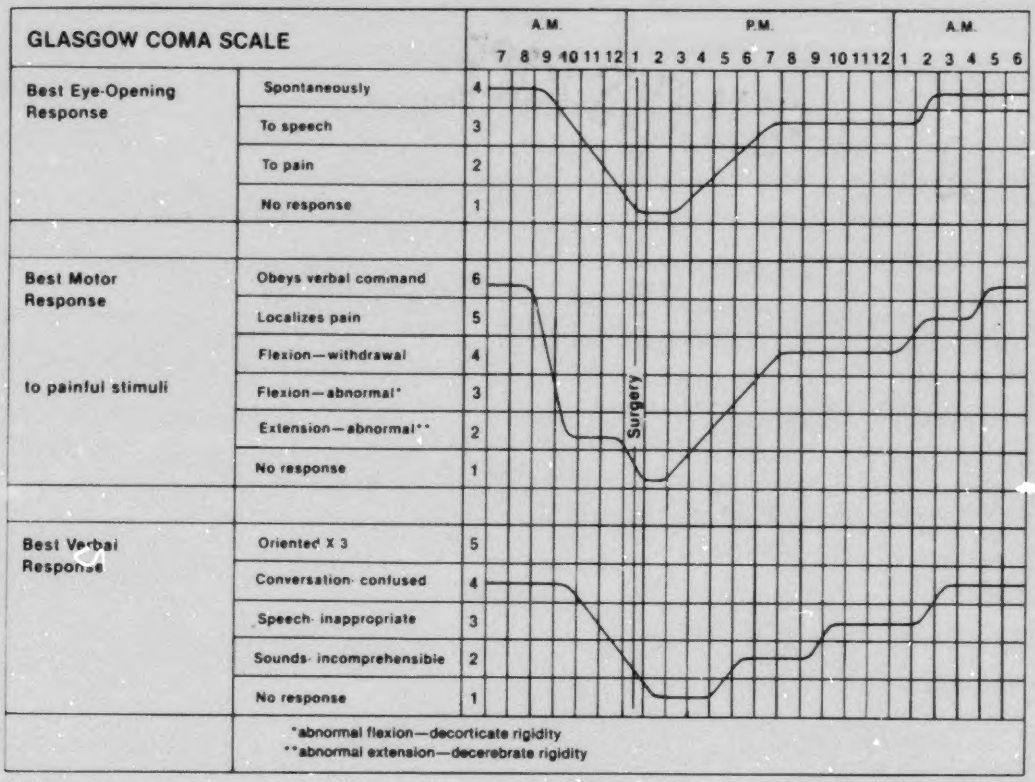
All you need is a sturdy can with a removable lid. Decoration may be added if you wish. Information should be written on folded slips of paper and placed inside the can. A few shakes of the can will bring students to attention—they are always eager to see what you have in your can of Squirms.

EXAMPLE:



SUGGESTED ACTIVITIES

SUPPLEMENT # 2 — GLASGOW COMA SCALE



Glasgow Coma Scale. How to Score Responses of the Glasgow Coma. Scoring of Eye Opening: **4** = *if the patient opens his eyes spontaneously when the nurse approaches;* **3** = *if the patient opens his eyes in response to speech (spoken or shouted);* **2** = *if the patient opens his eyes only in response to painful stimuli such as digital squeezing around nail beds of fingers;* **1** = *if the patient does not open his eyes in response to painful stimuli.*

Scoring of Best Motor Response: **6** = *if the patient can obey a simple command such as "Lift your left hand off the bed.";* **5** = *if the patient moves a limb to locate the painful stimuli applied to the head or trunk and attempts to remove the source;* **4** = *if the patient attempts to withdraw from the source of pain;* **3** = *if the patient flexes only his arms at the elbows and wrist in response to painful stimuli to the nail beds (decorticate rigidity);* **2** = *if the patient extends his arms (straightens his elbows) in response to painful stimuli (decerebrate rigidity);* **1** = *if the patient has no motor response to pain on any limb.*

Scoring of Best Verbal Response: **5** = *if the patient is oriented to time, place, and person;* **4** = *if the patient is able to converse although not oriented to time, place, or person (e.g., "Where am I?");* **3** = *if the patient speaks only in words or phrases that make little or no sense (e.g., "B— H, N—K.");* **2** = *if the patient responds with incomprehensible sounds such as groans;* **1**= *if the patient does not respond verbally at all.*

Used with permission of J.B. Lippincott Company, Philadelphia, Pennsylvania, from *The Clinical Practice of Neurological and Neurosurgical Nursing* by Joanne V.X. Hickey, 1981.

ASSESSMENT AND MANAGEMENT OF DISEASES AND DISORDERS OF THE CENTRAL NERVOUS SYSTEM
UNIT VII

INFORMATION SHEET

I. Terms and definitions

   A. Paralysis — Loss or impairment of the motor and sensory functions of a part of the body caused by injury or disease that affects the nerves

   B. Aneurysm — Localized abnormal dilation of a blood vessel, usually an artery

   C. Arteriosclerosis — Thickening of arteriole walls, with loss of elasticity and contractility

   D. Epilepsy — Recurrent disorder of cerebral function characterized by sudden attacks of altered consciousness, motor activity, or sensory phenomena

   E. Aura — Subjective sensation that can precede a seizure

   (NOTE: Auras can be psychic or sensory. Sensory auras may produce olfactory, visual, auditory, or taste hallucinations.)

   F. Encephalopathy — Any dysfunction of the brain

II. General types of conditions that affect the central nervous system

   A. Traumatic injuries

   EXAMPLES: Head injuries with brain damage, spinal cord injuries with loss of motor functions and movement

   B. Brain tumors

   (NOTE: Even a benign tumor can be fatal because of the pressure it may exert on other areas as it enlarges.)

   C. Infections

   EXAMPLES: Brain abscess, meningitis

   D. Nerve disorders

   EXAMPLES: Tic douloureux, Bell's palsy

   E. Vascular disorders

   EXAMPLE: CVA (cardiovascular accident)

INFORMATION SHEET

F. Degenerative disorders

EXAMPLES: Parkinson's disease, multiple sclerosis

G. Seizures

EXAMPLES: Grand mal, Jacksonian, petit mal, psychomotor

H. Congenital malformations

EXAMPLE: Myelomeningocele

III. General indications of diseases and disorders of the central nervous system

A. Motor and sensory

1. Abnormalities in gait, posture, and balance

2. Inability to feel sensations after stimulation

B. Reflexes and strength

1. Abnormal reflex responses

EXAMPLE: Babinski

2. Absence of reflexes

(NOTE: The knee-jerk, corneal reflex, and the plantar reflex responses are the commonly used tests.)

3. Absence of strength in the hands or feet

(NOTE: The examiner asks the patient to grip both hands or to press both feet into his or her hands to test patient's strength.)

C. Behavior and emotional state

1. Absence of control over emotions

EXAMPLE: The patient with neurological disease may have periods of wild elation and suddenly become deeply depressed for no apparent reason.

2. Uncharacteristic actions

(NOTE: Changes in behavior uncharacteristic for that person can indicate neurological involvement.)

EXAMPLE: Person becomes irritable or behaves irrationally.

INFORMATION SHEET

D. Level of consciousness

  1. Lapses of memory

  2. Inability to be awakened to full consciousness

IV. Descriptions of states of consciousness

(NOTE: The nurse should establish a baseline for the patient's state of consciousness. It will provide a basis for further evaluation of the patient's condition. The Glasgow Coma Scale was developed as an evaluation system for levels of consciousness. The system is based on eye-opening, verbal, and motor responses. Scores are obtained and documented each hour, or more frequently if needed.)

A. Lethargy — Patient responds sluggishly or slowly

B. Stupor — Patient may be aroused partially for a few minutes but with great difficulty

C. Delirium — Patient is disoriented and restless; may experience illusions and hallucinations

D. Semicoma — Patient responds only to painful stimuli

E. Coma — Patient shows no response

V. Uses of diagnostic tests performed to assess central nervous system functions (Job Sheets #1 and #2)

A. Skull x ray — Used to visualize configuration, density, and vascular markings of skull and brain, and to visualize intracranial calcifications and tumors through radiography

B. Electroencephalogram (EEG) — Used to amplify, record, and analyze electrical activity of the brain by applying electrodes to scalp surface

C. Electromyogram (EMG) — Used to amplify, record, and analyze electrical changes and potential of nerves leading to the muscles by inserting needle electrodes into skeletal muscles

D. Echoencephalogram — Used to record echoes from deep structures within the skull by transmitting ultrasound waves to a scope

E. Neurological examination — Used as overall assessment of body's ability to perform certain motor and sensory functions

(NOTE: This examination includes testing reflexes, assessing ability to sense pain and the dullness or sharpness of objects, and assessing the ability to coordinate eye and hand movement.)

INFORMATION SHEET

F. Lumbar puncture — Used to withdraw cerebrospinal fluid for laboratory examination by inserting a hollow needle into the arachnoid space between third and fourth lumbar vertebrae

G. Cisternal puncture — Used to withdraw cerebrospinal fluid for laboratory examination by inserting a hollow needle between the cervical vertebrae, through the dura mater at base of brain

H. Cerebral arteriogram — Used to visualize cranial arteries following an injection of a radiopaque substance into carotid artery

I. Ventriculogram — Used to visualize spaces within the brain following the injection of air into the ventricles

(NOTE: This procedure is usually performed in surgery, using a local anesthetic.)

J. Pneumoencephalogram — Used to visualize the cranial area after replacement of part of cerebrospinal fluid with air

K. Myelogram — Used to visualize spinal cord after replacement of spinal fluid with air or with a radiopaque dye during a lumbar puncture

L. Brain scan — Used to document any brain lesions or disease areas by using radioactive isotopes picked up by a scanner as they pass through brain

M. Computerized tomography (CT scan or CAT scan) — Used to visualize cranial area on a television screen or in photographs by using rays picked up by a scintillator and transmitted through a computer

VI. Nursing interventions for caring for patients undergoing diagnostic tests performed to assess the central nervous system

A. Skull x ray — Explain procedure to patient before test

B. Electroencephalogram

1. If ordered, withhold any tranquilizers or antiepileptic drugs at least twenty-four to forty-eight hours before test

2. Omit any caffeine in meal before test

3. Assist patient in shampooing hair the evening before the test, and omit hair spray or oils

4. Reassure patient by explaining that there will be no electrical shock and that the test will take only forty-five to sixty minutes

INFORMATION SHEET

C. Electromyogram — Explain procedure to patient

(NOTE: The patient will experience some discomfort similar to an IM injection as the needle electrodes are inserted into the muscles.)

D. Echoencephalogram — Explain procedure to patient

(NOTE: Some type of liquid will be applied to the scalp to decrease the air gap between the transducer and the head.)

E. Neurological examination — Explain each step of procedure as reflexes, tactile responses, and coordination are tested

F. Lumbar and cisternal punctures

1. Obtain a completed informed consent prior to procedure
2. Assist in positioning and maintaining patient's position during procedure
3. Assist physician as needed
4. Document procedure
5. Provide care following procedure

G. Cerebral arteriogram

1. Obtain completed informed consent prior to procedure
2. Withhold meal prior to procedure
3. Observe for neurological complications following procedure
4. Observe site for hematoma formation

H. Ventriculogram or pneumoencephalogram

1. Obtain completed informed consent prior to procedure
2. Withhold meal prior to procedure
3. Administer prescribed sedative
4. Take vital signs following procedure until patient is stabilized
5. Assess for any symptoms of intracranial pressure
6. Administer prescribed medications for symptoms of headache, fever, nausea, or vomiting

INFORMATION SHEET

I. Myelogram

1. Obtain completed informed consent prior to procedure
2. Withhold meal prior to procedure
3. Administer prescribed sedative
4. Maintain prescribed position of patient following procedure
5. Encourage intake of fluids
6. Assess vital signs and perform neurological checks as ordered
7. Observe for fever, stiff neck, photophobia, and other signs of bacterial meningitis

J. Brain scan and CAT scan

1. Obtain completed informed consent prior to procedure
2. Reassure patient that procedure is not painful

   (NOTE: Patients are sometimes apprehensive during the test, especially when they see the equipment to be used.)

VII. General nursing interventions for a patient with neurological diseases and disorders (Assignment Sheet #1)

A. Skin care

1. Turn patient frequently to prevent pressure on bony prominences that may lead to decubitus ulcers
2. Use a lotion or oil instead of alcohol when massaging skin
3. Pad beds or wheelchairs with products that support but do not irritate the skin

B. Eye care

1. Use prescribed solutions instilled in eyes of patients who cannot blink
2. Check eyes frequently to detect signs of irritation or ulceration of cornea
3. Apply eye patches if ordered

INFORMATION SHEET

C. Mouth care

1. Give oral care several times a day to moisten mouth and remove old secretions

2. Take care not to use excess fluids that might be aspirated by the unconscious patient

D. Bladder and bowel care

1. Maintain catheter care until patient can be retrained

   (NOTE: Patients may be able to regain some control of bladder in the rehabilitation stage of the illness.)

2. Provide diet high in bulk, and provide large quantities of liquids to prevent constipation and to encourage regular bowel movements

3. Establish regular routine for elimination

4. Use suppositories and enemas if necessary to stimulate bowel movements

E. Muscular care

1. Provide passive range-of-motion exercises until patient is able to move without assistance

2. Position patient in good body alignment, using sandbags, pillows, bedboards, and footboards

F. Dietary care

1. Provide a well-balanced diet high in protein with an increased intake of fluids

2. Give additional vitamin supplements as needed

3. Feed semiliquid or liquid diet very slowly to the semiconscious patient

G. Sensory and emotional care

1. Assist patient to communicate, using method adapted to patient's limitations

2. Encourage aphasic patient to speak as soon as speech therapy can begin

3. Reassure patient when personality changes occur and emotional reactions are inappropriate

INFORMATION SHEET

4. Accept patient's behavior, and allow patient and family to express feelings

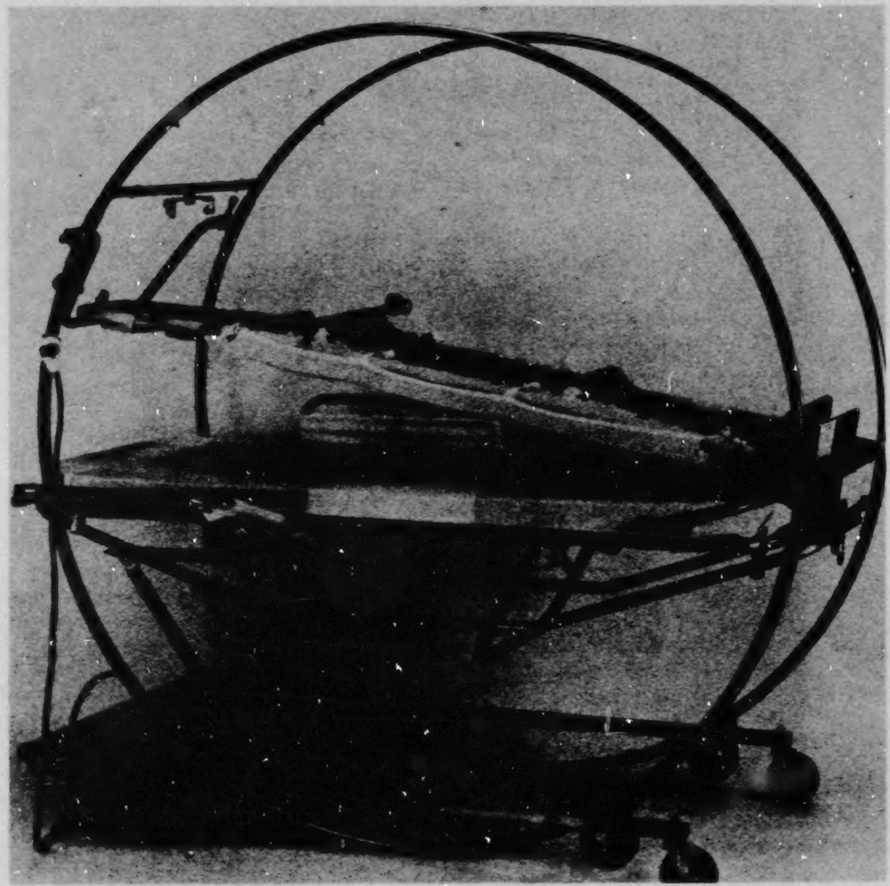
5. Provide diversional activities that will occupy time and assist in rehabilitation process

VIII. Special equipment used in the treatment of some diseases and disorders of the central nervous system (Figures 1 and 2)

A. Circle bed

EXAMPLE:

FIGURE 1



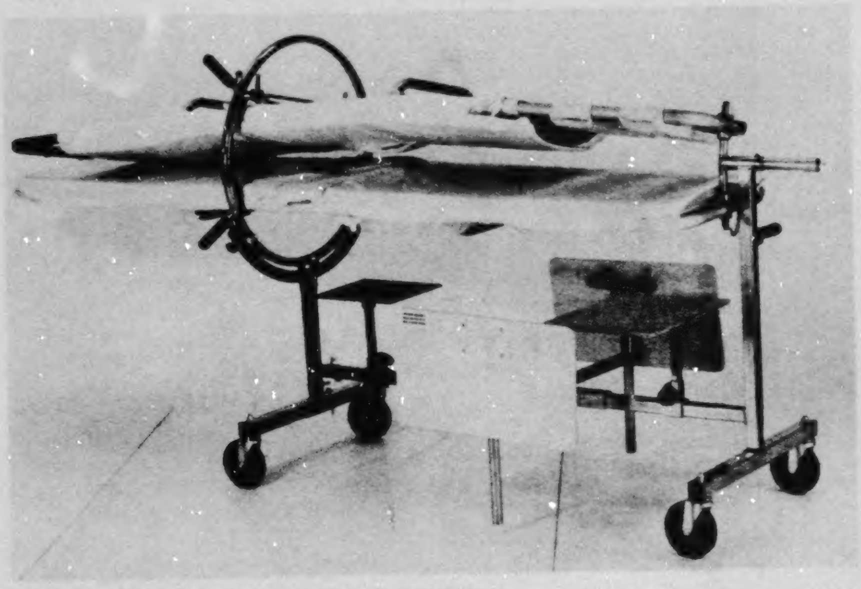
Courtesy of Stryker Corporation, Kalamazoo, Michigan.

INFORMATION SHEET

B. Wedge turning frame

EXAMPLE:

FIGURE 2



Courtesy of Stryker Corporation, Kalamazoo, Michigan.

C. Hydraulic lift

(NOTE: The hydraulic lift helps to lift completely helpless and paralyzed patients from bed to a wheelchair or into the bathtub. Safety precautions should be followed to prevent accidents.)

D. Braces and splints

(NOTE: To keep paralyzed patients in correct body alignment, splints may be used. Braces can be fitted if the patient is able to ambulate during rehabilitative stages of recovery.)

IX. Symptoms of intracranial pressure (ICP)

(NOTE: Intracranial pressure is a very dangerous complication that may occur in a variety of neurological diseases and disorders. If at any time you think that the patient is showing symptoms of ICP, notify the physician immediately.)

A. Change in temperature

(NOTE: The pressure within the cranial area may cause the temperature control center to malfunction. Temperature may need to be regulated by using hypothermia blankets, cold packs, or alcohol sponges.)

INFORMATION SHEET

B. Slowed reflexes

C. Changes in level of responses

D. Aphasia

E. Loss of consciousness

F. Change in pupillary size

G. Projectile vomiting

H. Change in respiration pattern

I. Slowing of pulse

J. Increased blood pressure

(NOTE: Widening of pulse pressure is a dangerous sign and should be reported to the physician immediately.)

X. Symptoms and interventions for traumatic injuries of the nervous system (Table 1)

TABLE 1

Injury	Symptoms	Interventions
Concussion (NOTE: A blow to the head may not cause serious damage. Condition may cause temporary symptoms.)	Varying levels of unconsciousness Disorientation	Perform thorough neurocheck Observe for symptoms of further trauma
Laceration, contusion, hematoma (NOTE: All of these conditions can cause bleeding and edema in the affected tissues.)	Varying degrees of ICP, depending on area of brain and size of hematoma Seizures Paralysis Muscle weakness Drowsiness Aphasia Dilated pupil on affected side	Maintain bed rest Observe for symptoms of ICP Treat symptomatically as indicated by physician Assist in pre- and postoperative care if surgery is required to tie off bleeding vessel and remove clots

INFORMATION SHEET

Injury	Symptoms	Interventions
Skull fractures (NOTE: A skull fracture can be an open or closed break. Results of injury will depend on the severity of damage to brain.)	Pressure on affected brain site Varying levels of ICP if bone fragment presses inward Leaking of CSF if open fracture	Support affected area Use sterile dressing to cover open wounds Treat symptomatically as indicated by physician Observe for symptoms of ICP Use logrolling technique in turning patient with base-of-skull injuries
Spinal cord trauma (NOTE: Damage may be temporary or permanent, depending on cause and degree of trauma.) EXAMPLES: Paraplegia is paralysis of the lower extremities or lower part of the body. Quadraplegia is paralysis of all four extremities.	Muscular weakness Paralysis of areas below injured area Muscle spasms	Assist in use of traction equipment, Wedge turning frame, or Circle bed Support affected areas Administer prescribed antispasmodic medications Assist in exercising affected areas as soon as possible Maintain patient's elimination Observe for symptoms of shock and further paralysis Use aseptic technique if open wound from trauma or surgery to relieve pressure has occurred Assist in pre- and postoperative care

XI. Nursing interventions for a patient with a brain tumor

A. Preoperative

1. Observe symptoms and record accurately

(NOTE: Specific symptoms help determine location of tumor. The function controlled by the area of brain involved will be affected by the pressure and the growth of the tumor and will respond accordingly.)

EXAMPLE: Changes in personality and lapses in memory can indicate a frontal-lobe tumor.

2. Obtain completed informed consent form prior to procedure

3. Explain surgery to and reassure family

   (NOTE: Neurosurgery to remove tumors is usually a long process. Families will need support and encouragement during this time. Be sure to describe how the patient may appear after the surgery.)

4. Prepare patient as indicated by physician

   EXAMPLES: A specific area of the head or the total head may be shaved. Medications may be given to sedate patient if local anesthetic is used during surgery.

5. Devise postoperative communication system with patient

B. Postoperative

1. Perform neurocheck and compare to presurgery assessment

   (NOTE: Any change can indicate ICP, and the nurse should intervene immediately.)

2. Position patient on side ordered by physician

3. Check dressings frequently for any bleeding or leaking of CSF

4. Assist patient in movement, eating, elimination, and communication as needed

   (NOTE: Temporary side effects may make movement, eating, speech, and elimination difficult.)

XII. Descriptions of common infectious/inflammatory diseases and disorders of the central nervous system

A. Meningitis — Inflammation of membranes that cover brain and spinal cord

   (NOTE: Children are particularly susceptible to meningitis as a result or complication of ear infections.)

B. Encephalitis — Inflammation of brain

   (NOTE: Encephalitis is sometimes called "sleeping sickness" and is caused by viruses, bacteria, or chemical poisoning.)

C. Rabies — Infection of central nervous system

   (NOTE: Rabies is carried in the saliva of an infected animal and transmitted through a bite or an open wound. The disease causes paralysis and, in many cases, death.)

D. Guillain-Barre syndrome — Polyneuritis that attacks nerve roots and spinal cord following an infectious disease

INFORMATION SHEET

E. Tetanus (lockjaw) — Infection due to gram-positive bacillus clostridium tetani that grow at site of an injury

(NOTE: Tetanus can be prevented by immunizations and booster injections.)

F. Botulism — Food poisoning caused from ingestion of the bacillus clostridium botulinum

(NOTE: Botulism in humans is usually produced by the ingestion of foods that have been improperly canned or preserved.)

XIII. Symptoms and interventions for common infectious/inflammatory diseases of the central nervous system (Table 2)

TABLE 2

Infectious Disease	Symptoms	Interventions
Meningitis	High fever Stiffness and pain in neck Severe headache Nausea and vomiting Stupor, leading to delirium or convulsions	Administer prescribed antibiotics after organism is identified by lumbar puncture and lab study Administer IV fluids Reduce high fever as indicated by physician Protect patient from injuries if convulsions occur Reduce excessive stimuli, such as bright lights and loud noises Maintain strict isolation technique
Encephalitis	Violent headache Fever Nausea and vomiting Drowsiness Muscular weakness Visual disturbances Convulsions	Reduce high fever as indicated by physician Maintain quiet environment Treat symptoms as needed
Rabies	General malaise Fever Sore throat Periods of excitability followed by convulsions, choking spasms, and maniacal behavior	Administer serum to those exposed Treat symptoms as indicated by physician

V

INFORMATION SHEET

XIV. Descriptions of common nerve disorders

A. Tic douloureux (trigeminal neuralgia) — Degeneration of or pressure on the trigeminal nerve resulting in severe pain and spasms of facial areas

(NOTE: This condition usually occurs in the older person and affects the fifth cranial nerve.)

B. Bell's palsy — Swelling of seventh facial nerve resulting in unilateral paralysis of face

(NOTE: The paralysis may be due to a brain lesion or to immune or viral disease.)

C. Neuralgia — Pressure on nerve trunks resulting in severe, sharp pain along course of nerve

(NOTE: Neuralgia may be due to inadequate nerve nutrition or toxins in the system.)

XV. Symptoms and interventions of common nerve disorders (Table 3)

TABLE 3

Disorder	**Symptoms**	**Interventions**
Tic douloureux (trigeminal neuralgia)	Excruciating pain coming in spasms lasting from two to fifteen seconds (NOTE: The pain can be triggered by a variety of stimuli, even a breeze that touches the trigger area.)	Assist with alcohol injections to paralyze affected area Give pre- and postoperative care if surgery is performed to remove part of nerve
Bell's palsy	Paralysis of one side of face Drooping of mouth on affected side Uncontrolled salivation or lacrimation Painful sensations in face, behind ear, and in eye	Apply heat to area Massage affected side Administer care to eye, if affected
Neuralgia	Severe, sharp pain in affected area	Administer prescribed analgesics Apply local heat

INFORMATION SHEET

Infectious Disease	Symptoms	Interventions
Guillain-Barre syndrome	Varying degree of muscle weakness to paralysis Apnea due to muscle weakness Paresthesia of extremities	Maintain respirator if needed for ventilation Provide adequate diet Maintain routine elimination Administer prescribed steroids Assist in preventing deformities by supporting and exercising affected areas
Tetanus (lockjaw)	Progressive stiffness and tenderness in neck and jaw Difficulty in opening mouth Spasms in facial muscles Difficulty in swallowing Rigidity of abdominal and limb muscles Rapid pulse Diaphoresis	Provide quiet environment Maintain adequate fluid intake Assist with tracheotomy if laryngeospasms are severe Administer prescribed antitoxin therapy, antibiotics for infection, sedatives, muscle relaxants Debride wound and apply antibiotic ointment Observe vital signs at frequent intervals Reduce anxiety level
Adult botulism	Weakness Dizziness Headache Acute gastrointestinal cramping Difficulty in speaking Diplopia Vomiting Progressive respiratory paralysis	Administer prescribed IV antitoxin Maintain open airway Treat symptomatically as indicated by physician
Infant botulism	Constipation Lethargy Poor feeding General weakness	Same as for adult

INFORMATION SHEET

XVI. Causes of cerebral vascular accidents (CVA)

(NOTE: CVA is sometimes referred to as *apoplexy* or *stroke*.)

A. Cerebral embolism — Caused by blood clot breaking off from a thrombus, traveling to the brain, and occluding a blood vessel; results in destruction of brain cells

B. Cerebral hemorrhage or aneurysm — Caused by rupture of an artery in the brain

(NOTE: Usually cerebral hemorrhage or aneurysm is a result of severe hypertension or arteriosclerosis.)

C. Cerebral thrombosis — Caused by a clot occluding an artery that supplies a major portion of blood to a vital center in brain

(NOTE: A cerebral thrombosis occlusion may be partial or complete.)

XVII. Symptoms of a cerebral vascular accident

(NOTE: The symptoms of CVA will depend on the cause.)

A. Cerebral hemorrhage

1. Dizziness and ringing in ears
2. Violent headache
3. Nausea and vomiting

B. Cerebral thrombosis

1. Dizzy spells
2. Sudden loss of memory

C. Cerebral embolism

1. Redness in face
2. Noisy breathing
3. Unconsciousness

(NOTE: The patient who is not unconscious may show symptoms of inconsistent behavior, memory loss, incontinence, or inability to communicate.)

INFORMATION SHEET

4. Slow but full and bounding pulse

5. Elevated blood pressure

XVIII. Common results of cerebral vascular accidents

A. Aphasia — Absence or impairment of the ability to communicate through speech and writing due to dysfunction of brain center

B. Dysphasia — Inability to say what one wishes to say

EXAMPLE: Instead of saying that the phone is ringing, the patient may say that the clock is ringing.

C. Hemiplegia — Paralysis of one side of the body due to damage of the brain on opposite side

EXAMPLE: The patient who suffers from CVA on the right side of the brain may suffer paralysis, impaired circulation, and visual disturbances on the left side of the body.

XIX. Nursing interventions for emergency and rehabilitative phases of a cerebral vascular accident

A. Emergency phase

1. Establish open airway if patient is unconscious
2. Position patient on unaffected side
3. Administer oxygen as indicated by physician
4. Observe all symptoms and document
5. Be prepared to suction secretions as needed
6. Monitor vital signs closely and observe for major changes
7. Be prepared to intervene in case of seizures
8. Turn patient frequently after consciousness is regained
9. Provide support for affected side

B. Rehabilitative phase

1. Teach activities of daily living when needed, and encourage self-care

   (NOTE: Patients may need assistance with eating, talking, eliminating, and memory recall.)

2. Teach patient to use walker or cane for ambulation (Assignment Sheet #3)
3. Encourage verbalization of feelings

INFORMATION SHEET

4. Discuss rehabilitation with family, and refer family to resource persons who may assist with home care

XX. General nursing interventions for the treatment of a patient with paralysis

(NOTE: The patient may experience total paralysis after a CVA or through trauma and will require both physiological and psychological care. The patient will be totally dependent on the nurse for basic needs. Some patients will regain some independence as they recover; others may need total care for their entire lives.)

A. Observe for abdominal distension

(NOTE: Abdominal distension impairs breathing.)

B. To prevent aspiration of fluids, suction patient who has difficulty in swallowing

C. Encourage a diet high in protein

(NOTE: The patient with paralysis may need to be fed, or a feeding tube may need to be used.)

D. Assist in establishing patterns for elimination

E. Change patient's position frequently to prevent pneumonia, kidney stones, and deformities

F. Give good skin care to stimulate circulation and to prevent decubitus ulcers

G. Maintain catheter care; teach patient care if device will be permanent

H. Give injections above level of paralysis because of impaired circulation in affected area

I. Assist with passive exercises to preserve muscle function and to relieve muscle spasms

J. Encourage patient to express fears, doubts, and frustrations

K. Provide or obtain counseling

EXAMPLES: Sexual counseling, occupational rehabilitation, daily-living activities

XXI. Descriptions of common degenerative diseases and disorders that affect the central nervous system

A. Multiple sclerosis — Myelin sheath that covers the nerves, white matter of the brain, and spinal cord is destroyed, thus disrupting transmission of nerve impulses

INFORMATION SHEET

B. Huntington's chorea — Deterioration of mental state with reduced intellectual faculties due to inherited organic brain disease

(NOTE: The onset of Huntington's chorea usually appears between the ages of thirty and fifty. The disease slowly progresses and death occurs usually from a secondary infection.)

C. Myasthenia gravis — Weakness of the muscles without atrophy; nerve impulses fail to induce normal muscle contractions

(NOTE: Myasthenia gravis attacks young adults and middle-aged persons. Some cases are mild and others rapidly fatal. Death is usually due to respiratory failure.)

D. Parkinson's disease — Weakness and rigidity of muscles with a slow spreading tremor in hands and feet

E. Alzheimer's disease — Form of presenile dementia due to atrophy in areas of the brain

XXII. Symptoms and interventions of common degenerative disorders that affect the central nervous system (Table 4)

TABLE 4

Disorder	Symptoms	Interventions
Multiple sclerosis	Slow paralysis at first Speech and vision disturbances that appear and disappear Poor balance and difficulty in walking Tremors Slurred speech Weak and clumsy movements Blurred or double vision Bowel and bladder incontinence	Encourage intake of balanced diet and routine exercise Warn patient to avoid stress, infections, and excitement Encourage regular rest periods Refer patient and family to resources in community that may assist patient throughout illness

INFORMATION SHEET

Disorder	Symptoms	Interventions
Huntington's chorea	Fidgeting and spasms that appear as jerking of muscles Personality changes including irritability, carelessness, loss of memory Progressive weakness leading to severe personality disorders, pneumonia, and eventually death	Administer prescribed drugs for symptomatic relief Refer patient and family to resources in community that may assist patient throughout illness Support patient in times of crisis
Myasthenia gravis	Weakness in muscles after exercise, with return of strength after rest Drooping eyelids Double vision Weak facial muscles that become flabby Difficulty in breathing	Administer prescribed drugs to increase strength of muscle response to nerve impulses Maintain patent airway if respiratory muscles weaken Avoid using any sedatives that might reduce respirations further Warn patient to avoid emotional upsets and infections Refer patient and family to resources in community that may assist patient throughout illness
Parkinson's disease	Stiffened muscles Continuous tremor Shuffling gait Difficulty in blinking, smiling Masklike face Drooling	Administer prescribed medication Warn patient not to take multivitamins or foods high in B_6 Encourage physical therapy and exercise Provide foods that are easy to handle and swallow Encourage fluid intake and regular elimination habits Support patient and family and refer to local resources for assistance

INFORMATION SHEET

Disorder	Symptoms	Interventions
Alzheimer's disease	Progressive, irreversible loss of memory Deterioration of intellectual functioning Apathy Speech disturbances Disorientation Disordered emotions Inability to care for self	Assist with diagnostic procedures Plan a care program for family to follow while patient is still able to live at home Provide resources for family to contact for support assistance Provide constant care for patient who needs institutionalization Provide reorientation programs to keep patient as mentally and physically active as possible Prevent secondary conditions from occurring

XXIII. Descriptions of common seizures

(NOTE: Epilepsy has no known cause. It may be acquired, genetic, or idiopathic. Acquired epilepsy may be caused by brain tumors, high fever, or head injuries.)

A. Petit mal — Momentary loss of consciousness, sometimes accompanied by a twitching of the head or eyes

(NOTE: Petit mal seizures are most common in children.)

B. Jacksonian — Seizure beginning with a jerky movement in one part of one side of the body and continuing to spread to other parts of that side, with patient remaining conscious

(NOTE: Convulsions of this type are caused by a brain lesion or tumor occurring on the side opposite the affected side.)

C. Psychomotor (temporal lobe) — Temporary mental disturbance during which the patient remains conscious but does not remember the seizure

(NOTE: The patient does not know what happens during the seizure and will not remember having one.)

D. Status epilepticus — Repeated seizures one after another without patient's regaining consciousness in between

(NOTE: Brain damage and death can result from these seizures.)

INFORMATION SHEET

E. Grand mal — Seizure beginning with aura and a characteristic cry followed by unconsciousness and a pattern of rigid muscle spasms with jerky movements, and ending with a period of relaxation

(NOTE: Grand mal seizures cause the patient to temporarily slow or completely stop respirations and appear cyanotic. After the relaxation period, the color returns and normal respirations resume. The stages listed in the above description should be carefully observed and documented by the nurse.)

XXIV. Nursing interventions for the patient with a grand mal seizure

(NOTE: Many epileptic patients can lead active normal lives by taking anticonvulsant drugs and by maintaining healthy physical and mental habits. New methods of treatment are being studied at this time.)

A. Protect patient from hitting sharp or harmful objects if a fall occurs; do not attempt to restrain

B. Place something soft under patient's head

C. Loosen any tight clothing

D. Maintain an open airway; turn patient's head to the side to allow collected saliva to drain

(NOTE: If possible, before the tonic stage when muscles are contracted, place a soft pad between the teeth. *Do not* force anything as you may injure the mouth and teeth. *Do not* use your finger as you may be bitten.)

E. Observe details about the seizure and record later

EXAMPLES: How seizure began, what body parts were involved, how long each stage lasted, if unilateral or bilateral

F. Reassure patient as the patient will be confused and disoriented following the seizure

G. Assist in making patient comfortable, especially if bowel or bladder incontinence has occurred

H. Allow patient to rest after seizure

(NOTE: The patient will be very tired and may have a headache following the seizure. Allow him or her to sleep as long as needed.)

INFORMATION SHEET

XXV. Emergency equipment needed for the patient placed on seizure precautions

(NOTE: Most units have emergency crash carts that keep this equipment on hand at all times.)

A. Suction machines

B. Padded tongue blades

C. Airway

D. Padded side rails

(NOTE: Side rails should be kept up at all times.)

E. Restraints to use when patient is up in chair

F. Rectal and axillary thermometers

G. Oxygen administration set-up

XXVI. Descriptions of common diseases and disorders of the central nervous system seen specifically in pediatric patients

A. Microcephaly — Abnormal smallness of head; may result in various forms of retardation

B. Craniostenosis — Premature closure of the sutures of the skull; may result in damage to eyes and brain

C. Reye's syndrome — Acute encephalopathy with fatty infiltration of the liver; result depends on extent of damage to central nervous system

(NOTE: Reye's syndrome may result after a viral infection and has been linked to the administration of aspirin during periods of fever.)

D. Myelomeningeocele — Protrusion of sac-like cyst of meninges, spinal fluid, and a portion of the spinal cord with its nerves through a defect in vertebral column; results in a variety of nerve damage and paralysis of affected areas

E. Muscular dystrophy — Atrophy of muscles; results in extreme weakness of all muscles

F. Cerebral palsy — Developmental defects in brain, or birth trauma; results in lack of muscle control and paralysis

(NOTE: Cerebral palsy is believed to be caused from birth trauma, anoxia at birth, Rh incompatibilities, and neonatal diseases. Although CP is primarily a children's disease, some adults may be afflicted.)

INFORMATION SHEET

XXVII. Symptoms and interventions for diseases and disorders of the central nervous system seen specifically in pediatric patients (Table 5)

TABLE 5

Disease or Disorder	Symptoms	Interventions
Microcephaly	Abnormally small skull Severe mental retardation	Support parents Give supportive care to child Assist in habilitative care
Craniostenosis	Absent fontanels Prominence and bony feel of suture line Deformities of head depending on suture lines involved Varying degrees of mental retardation Convulsions Loss of vision	Support parents Give supportive care to child Assist in pre- and postoperative care when surgery is performed to remove part of bone tissue
Reye's syndrome	Malaise Cough Rhinorrhea Sore throat Fever Varying degrees of impaired consciousness Impaired liver function	Assist with lumbar puncture for diagnosis Maintain IV therapy for hydration and replacement of electrolytes Maintain open airway Observe for symptoms of ICP Maintain strict I & O Give support to family Orient child to environment as consciousness is regained
Myelomeningeocele	Apparent sac-like structure at any point along spinal column Paralysis of body areas affected Incontinence of bladder or bowel if nerves are affected Joint deformities, depending on degree of nerve involvement	Support parents Handle child carefully to prevent trauma to area of protrusion Place in prone position Keep infant dry to prevent irritation and infection Assist in pre- and postoperative care when surgery is performed to close area

INFORMATION SHEET

Disease or Disorder	Symptoms	Interventions
Muscular dystrophy	Delay in motor development Abnormal gait Muscle atrophy Contractures and deformities of joints	Support parents Maintain function in muscle movement as long as possible Help families plan care program, and promote independence of child as long as possible
Cerebral palsy	Delay in gross motor development Exaggerated arching of back Spastic movements Abnormalities in reflex responses Contracted muscles or uncontrolled movement, depending on type of palsy	Treat symptomatically as indicated by physician Assist families in planning care program Encourage locomotion and communication of child

XXVIII. Descriptions of common surgical procedures used to treat patients with diseases and disorders of the central nervous system

A. Craniotomy — Surgical opening of the skull to evaluate intracranial structures, remove a tumor, evacuate a blood clot, relieve intracranial pressure, or stop hemorrhage

B. Laminectomy — Surgical removal of the posterior arch of a vertebra

(NOTE: A spinal fusion may be performed following the laminectomy to fuse the vertebrae in the damaged area. The fusion helps stabilize the spine. The patient will have permanent stiffness in that area of the spine.)

C. Carotid endarterectomy — Surgical removal of atherosclerotic plaque(s) or thrombus from the carotid artery to prevent a stroke and relieve symptoms

XXIX. Common nursing interventions for patients undergoing surgical procedures to treat diseases and disorders of the central nervous system

A. Craniotomy and carotid endarterectomy

1. Obtain completed informed consent prior to procedure

2. Prepare patient as indicated by physician

INFORMATION SHEET

3. Explain to patient and family the care that will follow procedure

   (NOTE: Patients undergoing surgery in the cranium will probably have some swelling and bruising to the head and face. The area will probably be shaved before surgery and may be heavily bandaged following the procedure. Patients may be taken to an intensive care unit until stabilized and then admitted to a neurological floor for recuperation. Be sure to explain what to expect to the patient and family.)

4. Assess patient's neurological response as ordered by physician

5. Maintain strict I & O

6. Observe for symptoms of ICP, and report immediately to charge nurse or physician

7. Assess vital signs as often as needed until stabilized

8. Check dressings, ears, nose, and eyes for any drainage

9. Reorient patient as consciousness returns

   (NOTE: Patients may have some aphasia and disorientation following surgery. Be sure to talk to patient in all stages of consciousness and maintain a calm atmosphere.)

10. Plan period of rehabilitation with health team, patient, and family if needed

    (NOTE: In some instances, a long-term rehabilitation program is needed with extended care in physical, speech, and possibly psychological therapy.)

B. Laminectomy and spinal fusion

   1. Obtain completed informed consent prior to surgery

   2. Prepare patient as indicated by physician

   3. Assess vital signs as often as needed until patient stabilizes following procedure

   4. Encourage deep-breathing exercises

   5. Logroll patient using some type of support at shoulders and buttocks

   6. Check dressings each time patient is logrolled

   7. Assist in ambulation as movement is increased

ASSESSMENT AND MANAGEMENT OF DISEASES AND DISORDERS OF THE CENTRAL NERVOUS SYSTEM
UNIT VII

ASSIGNMENT SHEET #1 — PLAN CARE FOR PATIENTS WITH DISEASES AND DISORDERS OF THE CENTRAL NERVOUS SYSTEM

NAME ______________________________ SCORE ______________

The central nervous system affects all the parts of the body and their functioning. Nervous tissue is very delicate and damage is usually permanent. In caring for patients with diseases and disorders of the central nervous system, the nurse must consider the physical and psychological impact of the possibility of lifelong disability for that person.

This assignment sheet provides you with two simulated case studies of patients with diseases and disorders of the central nervous system. You will need to recall some information already learned and to research some material that you will need to answer the questions. Hand completed assignment in to instructor for evaluation, or discuss in class.

Patient #1

Mr. Harvey Simon, a forty-two-year-old mechanic, has been admitted to the hospital with a kidney infection. He has been diagnosed as having multiple sclerosis for the last five years. This is not his first hospitalization with kidney problems due to his muscle deterioration with the sclerosis.

A. The hypoactivity in the bladder has caused urinary retention in Mr. Simon, and has resulted in chronic infections. The demyelinating lesions are most likely located in what part of Mr. Simon's body?

____

____

____

B. When Mr. Simon was diagnosed as having multiple sclerosis, what symptoms might he have shown at that time?

____

____

C. Mr. Simon's gait is unsteady and uncoordinated. What is the term used to describe this type of gait?

____

ASSIGNMENT SHEET #1

D. Due to trembling of his right hand, Mr. Simon has a difficult time holding a cup or glass. He also has a difficult time buttoning his shirt. How would you chart this information?

E. The physician has ordered Tolseram for Mr. Simon. What is the main purpose or use for this drug?

F. Mr. Simon is having trouble with slurred speech, especially when he is overtired. What would be the best method of communicating with Mr. Simon?

G. What complications could occur as a result of Mr. Simon's debilitated state?

H. Mr. Simon is very depressed, as this is his third hospitalization this year. How could you best help him deal with this depression?

Patient #2

Amy Hall, age six, was examined in the pediatrician's office after her mother began to be worried about complaints of headache and visual problems. Her mother first thought Amy was making up excuses not to go to school but later became concerned when Amy complained about seeing double when watching television. Amy has been admitted to the hospital for specific tests.

A. What main observations should be made when performing an initial physical assessment on Amy?

ASSIGNMENT SHEET #1

B. A CAT scan has been scheduled for morning. How do you explain to Amy what will happen in this procedure?

C. The CAT scan reveals a growth in the lower portion of the occipital lobe of the cerebrum. Surgery is planned for the next day. You will need to prepare Amy for the preoperative procedure that will take place. What will you tell her?

D. Amy's mother is waiting outside in the surgical unit while the operation is taking place. She is worried because it is taking so long. You will need to prepare her for how Amy will look after surgery. What will you tell her?

E. Amy is now in the recovery room and will soon be taken back to her own room. The tumor was benign, but was pressing on the lobe causing the visual problems. You will need to monitor her for symptoms of ICP. What symptoms will you look for?

ASSIGNMENT SHEET #1

F. What will your nursing responsibilities be for Amy's care?

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ASSESSMENT AND MANAGEMENT OF DISEASES AND DISORDERS OF THE CENTRAL NERVOUS SYSTEM
UNIT VII

ANSWERS TO ASSIGNMENT SHEET

Assignment Sheet #1 (Suggested answers)

Patient #1

A. Lesions occur in the motor nerve fibers in the spinal cord.

B. Poor balance, clumsy movements, weakness, slurred speech, tremors, blurred or double vision, incontinence in bowel and bladder

C. Ataxia

D. Right-hand tremors occur when holding a cup or glass and when attempting to button shirt.

E. Tolseram is used to relieve muscle spasms as it is a centrally acting skeletal muscle relaxant.

F. Encourage Mr. Simon to speak slowly and as distinctly as possible.

G. Contractures, respiratory infections, and decubitus ulcers

H. Encourage Mr. Simon to be positive in the things he can still do. He may be able to manage his business but not do active mechanical work. Try to find activities at which he can be successful.

Patient #2

A. Major changes in vital signs, appearance of child, visual acuity, changes in gait and posture

B. Amy will be taken to a special room where you will be with her at all times. She will lie on a special table and be moved into what looks like a large tube. She will need to lie still while the CAT scan is being done. The procedure will not take very long.

C. Amy will need to be told that her head will be shaved, but that you will try to save some of her hair. She will need to know that after surgery she will need to lie still and not touch the dressing that will cover her head. If she has pain, she will be given something whenever possible. If Amy will be in the intensive care unit, she will need an explanation of the equipment and the environment.

D. You will need to tell Amy's mother that it is not unusual for neurosurgery to take a long time. You will need to tell her that Amy will have a large dressing on her head and that Amy's eyelids may be swollen and discolored.

ANSWERS TO ASSIGNMENT SHEET

E. Changes in temperature, either increase or decrease; slowed reflexes; restlessness; aphasia; loss of consciousness; changes in pupillary size; projectile vomiting; changes in pattern of respirations; slowing of pulse; increased blood pressure

F. Assess vital signs and observe for changes, observe for symptoms of ICP, check dressings for drainage, position on side, monitor IVs, administer prescribed medications as needed.

ASSESSMENT AND MANAGEMENT OF
DISEASES AND DISORDERS OF THE CENTRAL NERVOUS SYSTEM
UNIT VII

JOB SHEET #1 — PERFORM A NEUROCHECK

I. Equipment

A. Flashlight

B. Sphygmomanometer

C. Stethoscope

D. Thermometer (auxillary or rectal)

E. Percussion hammer

II. Procedure

A. Observe patient's general appearance

EXAMPLES: Color of the lips and fingernails, level of activity, rhythm and rate of respirations

B. Assess patient's response to verbal stimuli

EXAMPLES: Responds to normal voice or to loud voice, answers appropriately or appears confused, responds to command, gives no response

C. Assess patient's response to physical stimuli

EXAMPLES: Responds to pressure on supraorbital ridge and/or sternum, responds to knee-jerk or Babinski reflex tests, gives no response

D. Check reaction of pupils with flashlight

(NOTE: Both pupils should normally contract equally. If one pupil contracts more than the other, record and report result.)

E. Check patient's vital signs

F. Compare assessment with previous observations to determine if patient's condition is stable, improved, or deteriorated

G. Document observations

JOB SHEET #1

III. Checklist for procedure for performing a neurocheck

		Performed Well	Needs Improvement
A.	Observed patient's general appearance	☐	☐
B.	Assessed patient's response to verbal stimuli	☐	☐
C.	Assessed patient's response to physical stimuli	☐	☐
D.	Checked reaction of pupils with flashlight	☐	☐
E.	Checked patient's vital signs	☐	☐
F.	Compared assessment with previous observations to determine if patient's condition was stable, improved, or deteriorated	☐	☐
G.	Documented observations	☐	☐

Comments: ______________________________

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ASSESSMENT AND MANAGEMENT OF
DISEASES AND DISORDERS OF THE CENTRAL NERVOUS SYSTEM
UNIT VII

JOB SHEET #2 — ASSIST WITH LUMBAR AND CISTERNAL PUNCTURES

I. Equipment

   A. Sterile gloves

   B. Lumbar or cisternal puncture tray

   C. Spinal manometer

   D. Informed consent form

II. Procedure

   A. Obtain informed consent

   B. Check physician's order

   C. Wash hands

   D. Assemble equipment

   E. Identify patient and explain procedure

   F. Provide privacy

   G. Replace top covers with bath blanket

   H. Position patient

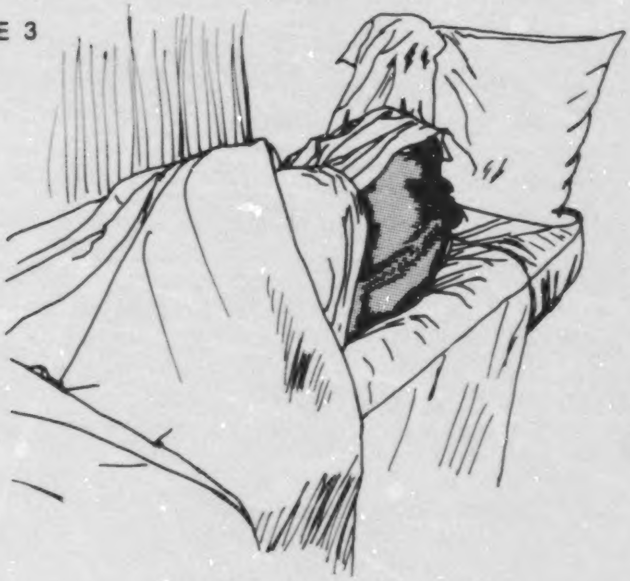
      1. For lumbar puncture

         a. Place patient in lateral position with lower back at edge of bed

         b. Have patient draw knees toward the chin to arch back outward (See Figure 3)

JOB SHEET #2

FIGURE 3



2. For cisternal puncture
    a. Place patient in lateral position with back of neck near edge of bed
    b. Have patient bend head forward to the chest

I. Position sterile equipment conveniently for physician

J. Assist patient as needed to maintain position during procedure

K. Assist physician as indicated

L. Assist patient to comfortable position with bed flat

M. Replace top covers

N. Instruct patient to remain flat in bed for prescribed length of time

O. Label and send specimen to laboratory

P. Dispose of equipment

Q. Wash hands

R. Record procedure

S. Observe for reaction to procedure

JOB SHEET #2

III. Checklist for procedure for assisting with lumbar and cisternal punctures

		Performed Well	Needs Improvement
A.	Obtained informed consent	☐	☐
B.	Checked physician's order	☐	☐
C.	Washed hands	☐	☐
D.	Assembled equipment	☐	☐
E.	Identified patient and explained procedure	☐	☐
F.	Provided privacy	☐	☐
G.	Replaced top covers with bath blanket	☐	☐
H.	Positioned patient for lumbar puncture by placing patient in lateral position with lower back at edge of bed, and by having patient draw knees toward chin to arch back outward	☐	☐
I.	Positioned patient for cisternal puncture by placing patient in lateral position with back of neck near edge of bed, and by having patient bend head forward to the chest	☐	☐
J.	Positioned sterile equipment conveniently for physician	☐	☐
K.	Assisted patient as needed to maintain position during procedure	☐	☐
L.	Assisted physician as indicated	☐	☐
M.	Assisted patient to comfortable position with bed flat	☐	☐
N.	Replaced top covers	☐	☐

JOB SHEET #2

		Performed Well	Needs Improvement
O.	Instructed patient to remain flat in bed for prescribed length of time	☐	☐
P.	Labeled and sent specimen to laboratory	☐	☐
Q.	Disposed of equipment	☐	☐
R.	Washed hands	☐	☐
S.	Recorded procedure	☐	☐
T.	Observed for reaction to procedure	☐	☐

Comments: ______________________________

ASSESSMENT AND MANAGEMENT OF
DISEASES AND DISORDERS OF THE CENTRAL NERVOUS SYSTEM
UNIT VII

JOB SHEET #3 — ASSIST WITH THE USE OF A WALKER

(NOTE: Following a CVA that has resulted in some paralysis of the lower extremities, many patients are able to ambulate using a walker.)

I. Equipment

   A. Walker

   B. Rubber-soled house slippers/shoes

   C. Robe

II. Procedure

   A. Check physician's orders

   B. Collect equipment

   C. Check stability of walker

   D. Identify patient

   E. Explain procedure to patient

   F. Elevate patient's head to high Fowler's position

   G. Demonstrate the use of walker

   H. Take patient's pulse

   I. Assist patient into a dangling position

   J. Assist patient into robe and shoes/slippers

   K. Ease patient to side of bed

   L. Place walker 6 inches from patient's feet

   M. Ask patient to ease buttocks to edge of bed

   N. Place patient's hands even with each other on hand grips

   O. Have patient stand erect with knees straight

JOB SHEET #3

P. Have patient keep elbows slightly bent away from body and lean 10 degrees into walker

Q. Remind patient to keep head erect

R. Have patient place walker forward and place weight on arms as lower extremities are brought forward

S. Ask patient to walk toward a chair, ending at a right angle to chair

T. Have patient move legs slightly in reverse and ease walker back

U. Have patient place one hand at a time on chair arm and lower self gently into chair

V. Ask patient to move toward rear of chair for security

W. Take radial pulse

X. Reverse steps to return patient to bed

Y. Return walker

Z. Wash hands

AA. Document procedure

JOB SHEET #3

III. Checklist for procedure for assisting with the use of a walker

		Performed Well	Needs Improvement
A.	Checked physician's orders	☐	☐
B.	Collected equipment	☐	☐
C.	Checked stability of walker	☐	☐
D.	Identified patient	☐	☐
E.	Explained procedure to patient	☐	☐
F.	Elevated patient's head to high Fowler's position	☐	☐
G.	Demonstrated the use of walker	☐	☐
H.	Took patient's pulse	☐	☐
I.	Assisted patient into a dangling position	☐	☐
J.	Assisted patient into robe and shoes/slippers	☐	☐
K.	Eased patient to side of bed	☐	☐
L.	Placed walker 6 inches from patient's feet	☐	☐
M.	Asked patient to ease buttocks to edge of bed	☐	☐
N.	Placed patient's hands even with each other on hand grips	☐	☐
O.	Had patient stand erect with knees straight	☐	☐
P.	Had patient keep elbows slightly bent away from body and lean 10 degrees into walker	☐	☐

JOB SHEET #3

		Performed Well	Needs Improvement
Q.	Reminded patient to keep head erect	☐	☐
R.	Had patient place walker forward and place weight on arms as lower extremities were brought forward	☐	☐
S.	Asked patient to walk toward a chair, ending at a right angle to chair	☐	☐
T.	Had patient move legs slightly in reverse and ease walker back	☐	☐
U.	Had patient place one hand at a time on chair arm and lower self gently into chair	☐	☐
V.	Asked patient to move toward rear of chair for security	☐	☐
W.	Took radial pulse	☐	☐
X.	Reversed steps to return patient to bed	☐	☐
Y.	Returned walker	☐	☐
Z.	Washed hands	☐	☐
AA.	Documented procedure	☐	☐

Comments: ____

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ASSESSMENT AND MANAGEMENT OF DISEASES AND DISORDERS OF THE CENTRAL NERVOUS SYSTEM
UNIT VII

TEST

NAME ________________________________ SCORE ____________

1. Match to their correct definitions terms associated with diseases and disorders of the central nervous system. Write the correct numbers in the blanks.

______a. Subjective sensation that can precede a seizure

______b. Thickening of arteriole walls, with loss of elasticity and contractility

______c. Loss or impairment of the motor and sensory functions of a part of the body caused by injury or disease that affects the nerves

______d. Recurrent disorder of cerebral function characterized by sudden attacks of altered consciousness, motor activity, or sensory phenomena

______e. Any dysfunction of the brain

______f. Localized abnormal dilatation of a blood vessel, usually an artery

1. Encephalopathy
2. Epilepsy
3. Aura
4. Arteriosclerosis
5. Aneurysm
6. Paralysis

2. List general types of conditions that affect the central nervous system.

a. ____

b. ____

c. ____

d. ____

e. ____

f. ____

g. ____

h. ____

TEST

3. List general indications of diseases and disorders of the central nervous system.

a. Motor and sensory

1) ____

2) ____

b. Reflexes and strength

1) ____

2) ____

3) ____

c. Behavior and emotional state

1) ____

2) ____

d. Level of consciousness

1) ____

2) ____

4. Match states of consciousness to their correct descriptions. Write the correct numbers in the blanks.

_____a. Patient shows no response

_____b. Patient is disoriented and restless; may experience illusions and hallucinations

_____c. Patient responds only to painful stimuli

_____d. Patient responds sluggishly or slowly

_____e. Patient may be aroused partially for a few minutes but with great difficulty

1. Coma
2. Lethargy
3. Stupor
4. Semicoma
5. Delirium

TEST

5. Match to their correct uses diagnostic tests performed to assess central nervous system functions. Write the correct numbers in the blanks. Definitions are continued on the next page.

_____a. Used to visualize configuration, density, and vascular markings of skull and brain, and to visualize intracranial calcifications and tumors through radiography

_____b. Used to amplify, record, and analyze electrical activity of the brain by applying electrodes to scalp surface

_____c. Used to amplify, record, and analyze electrical changes and potential of nerves leading to the muscles by inserting needle electrodes into skeletal muscles

_____d. Used to record echoes from deep structures within the skull by transmitting ultrasound waves to a scope

_____e. Used as overall assessment of body's ability to perform certain motor and sensory functions

_____f. Used to withdraw cerebrospinal fluid for laboratory examination by inserting a hollow needle into the arachnoid space between third and fourth lumbar vertebrae

_____g. Used to withdraw cerebrospinal fluid for laboratory examination by inserting a hollow needle between the cervical vertebrae, through dura mater at base of brain

_____h. Used to visualize cranial arteries following an injection of a radiopaque substance into carotid artery

_____i. Used to visualize spaces within the brain following the injection of air into the ventricles

_____j. Used to visualize the cranial area after replacement of part of cerebrospinal fluid with air

_____k. Used to visualize spinal cord after replacement of spinal fluid with air or with a radiopaque dye during a lumbar puncture

1. Echoencephalogram
2. Electroencephalogram (EEG)
3. Neurological examination
4. Brain scan
5. Computerized tomography (CT scan or CAT scan)
6. Lumbar puncture
7. Electromyogram (EMG)
8. Skull x ray
9. Cisternal puncture
10. Myelogram
11. Ventriculogram
12. Cerebral arteriogram
13. Pneumoencephalogram

TEST

_____l. Used to document any brain lesions or disease areas by using radioactive isotopes picked up by a scanner as they pass through brain

_____m. Used to visualize cranial area on a television screen or in photographs by using rays picked up by a scintillator and transmitted through a computer

6. State nursing interventions for caring for patients undergoing diagnostic tests performed to assess the central nervous system.

   a. Skull x ray — ____________________

   b. Electroencephalogram

      1) ____________________

      2) ____________________

      3) ____________________

      4) ____________________

   c. Electromyogram — ____________________

   d. Echoencephalogram — ____________________

   e. Neurological examination — ____________________

   f. Lumbar and cisternal punctures

      1) ____________________

      2) ____________________

      3) ____________________

      4) ____________________

      5) ____________________

   g. Cerebral arteriogram

      1) ____________________

      2) ____________________

TEST

3) ________________________________

4) ________________________________

h. Ventriculogram or pneumoencephalogram

1) ________________________________

2) ________________________________

3) ________________________________

4) ________________________________

5) ________________________________

6) ________________________________

i. Myelogram

1) ________________________________

2) ________________________________

3) ________________________________

4) ________________________________

5) ________________________________

6) ________________________________

7) ________________________________

j. Brain scan and CAT scan

1) ________________________________

2) ________________________________

7. Describe general nursing interventions for a patient with neurological diseases and disorders.

Skin care

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TEST

Eye care

Mouth care

Bladder and bowel care

Muscular care

Dietary care

TEST

Sensory and emotional care

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____

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____

8. List special equipment used in the treatment of some diseases and disorders of the central nervous system.

a. ____________________________________

b. ____________________________________

c. ____________________________________

d. ____________________________________

9. Select from the following list symptoms of intracranial pressure (ICP). Write an "X" in the blank before each correct answer.

______a. Change in temperature

______b. Slowed reflexes

______c. Cyanosis in nailbeds

______d. Hematuria

______e. Changes in level of responses

______f. Aphasia

______g. Contractures

______h. Loss of consciousness

______i. Change in pupillary size

______j. Flushing of skin

TEST

_____k. Petechiae on lower trunk

_____l. Projectile vomiting

_____m. Change in respiration pattern

_____n. Slowing of pulse

_____o. Increased blood pressure

10. Describe symptoms and interventions for traumatic injuries of the nervous system.

Injury	Symptoms	Interventions
Concussion	a. ____________ ____________ ____________	Perform thorough neurocheck Observe for symptoms of further trauma
Laceration, contusion, hematoma	Varying degrees of ICP, depending on area of brain and size of hematoma Seizures Paralysis Muscle weakness Drowsiness Aphasia Dilated pupil on affected side	b. ____________ ____________ ____________ ____________ ____________ ____________ ____________ ____________ ____________
Skull fractures	c. ____________ ____________ ____________ ____________ ____________ ____________ ____________	Support affected area Use sterile dressing to cover open wounds Treat symptomatically as indicated by physician Observe for symptoms of ICP Use logrolling technique in turning patient with base-of-skull injuries

TEST

Injury	Symptoms	Interventions
Spinal cord trauma	Muscular weakness Paralysis of areas below injured area Muscle spasms	d. ______

11. State nursing interventions for a patient with a brain tumor.

a. Preoperative

1) ______

2) ______

3) ______

4) ____________________

5) ____________________

b. Postoperative

1) ____________________

2) ____________________

3) ____________________

4) ____________________

12. Match to their correct descriptions common infectious/inflammatory diseases and disorders of the central nervous system. Write the correct numbers in the blanks.

_____a. Infection of central nervous system

_____b. Food poisoning caused from ingestion of the bacillus clostridium botulinum

_____c. Infection due to gram-positive bacillus clostridium tetani that grow at site of an injury

_____d. Polyneuritis that attacks nerve roots and spinal cord following an infectious disease

_____e. Inflammation of brain

_____f. Inflammation of membranes that cover brain and spinal cord

1. Guillain-Barre syndrome
2. Tetanus (lockjaw)
3. Botulism
4. Rabies
5. Meningitis
6. Encephalitis

13. Identify according to their symptoms and interventions infectious/inflammatory diseases of the central nervous system. Write the correct names in the blanks.

Adult botulism
Guillain-Barre syndrome
Tetanus (lockjaw)
Encephalitis

Rabies
Infant botulism
Meningitis

Infectious Disease	Symptoms	Interventions
a. ____________________ ____________________	General malaise Fever Sore throat Periods of excitability followed by convulsions, choking spasms, and maniacal behavior	Administer serum to those exposed Treat symptoms as indicated by physician

TEST

Infectious Disease	Symptoms	Interventions
b. ____________ ____________	Progressive stiffness and tenderness in neck and jaw Difficulty in opening moutn Spasms in facial muscles Difficulty in swallowing Rigidity of abdominal and limb muscles Rapid pulse Diaphoresis	Provide quiet environment Maintain adequate fluid intake Assist with tracheotomy if laryngeospasms are severe Administer prescribed antitoxin therapy, antibiotics for infection, sedatives, muscle relaxants Debride wound and apply antibiotic ointment Observe vital signs at frequent intervals Reduce anxiety level
c. ____________ ____________	High fever Stiffness and pain in neck Severe headache Nausea and vomiting Stupor, leading to delirium or convulsions	Administer prescribed antibiotics after organism is identified by lumbar puncture and lab study Administer IV fluids Reduce high fever as indicated by physician Protect patient from injuries if convulsions occur Reduce excessive stimuli such as bright lights and loud noises Maintain strict isolation technique
d. ____________ ____________	Violent headache Fever Nausea and vomiting Drowsiness Muscular weakness Visual disturbances Convulsions	Reduce high fever as indicated by physician Maintain quiet environment Treat symptoms as needed
e. ____________ ____________	Weakness Dizziness Headache Acute gastrointestinal cramping Difficulty in speaking Diplopia Vomiting Progressive respiratory paralysis	Administer prescribed IV antitoxin Maintain open airway Treat symptomatically as indicated by physician

TEST

Infectious Disease	Symptoms	Interventions
f. ____________ ____________	Varying degree of muscle weakness to paralysis Apnea due to muscle weakness Paresthesia of extremities	Maintain respirator if needed for ventilation Provide adequate diet Maintain routine elimination Administer prescribed steroids Assist in preventing deformities by supporting and exercising affected areas
g. ____________ ____________	Constipation Lethargy Poor feeding General weakness	Same as for adult

14. Match common nerve disorders to their correct descriptions. Write the correct numbers in the blanks.

______a. Pressure on nerve trunks resulting in severe, sharp pain along course of nerve

______b. Swelling of seventh facial nerve resulting in unilateral paralysis of face

______c. Degeneration of or pressure on the trigeminal nerve resulting in severe pain and spasms of facial areas

1. Tic douloureux
2. Bell's palsy
3. Neuralgia

15. Identify common nerve disorders according to their symptoms and interventions. Write the correct names in the blanks.

Tic douloureux **Bell's palsy** **Neuralgia**

Disorder	Symptoms	Interventions
a. ____________	Paralysis of one side of face Drooping of mouth on affected side Uncontrolled salivation or lacrimation Painful sensations in face, behind ear, and in eye	Apply heat to area Massage affected side Administer care to eye, if affected

TEST

Disorder	Symptoms	Interventions
b. ____________	Excruciating pain coming in spasms lasting from two to fifteen seconds	Assist with alcohol injections to paralyze affected area Give pre- and postoperative care if surgery is performed to remove part of nerve
c. ____________	Severe, sharp pain in affected area	Administer prescribed analgesics Apply local heat

16. Match cerebral vascular accidents (CVA) to their correct causes. Write the correct numbers in the blanks.

_____a. Caused by blood clot breaking off from a thrombus, traveling to the brain, and occluding a blood vessel; results in destruction of brain cells	1. Cerebral thrombosis
_____b. Caused by a clot occluding an artery that supplies a major portion of blood to a vital center in brain	2. Cerebral embolism
_____c. Caused by rupture of an artery in the brain	3. Cerebral hemorrhage or aneurysm

17. List symptoms of a cerebral vascular accident.

a. Cerebral hemorrhage

1) ______________________________

2) ______________________________

3) ______________________________

b. Cerebral thrombosis

1) ______________________________

2) ______________________________

c. Cerebral embolism

1) ______________________________

2) ______________________________

TEST

3) ______________________________

4) ______________________________

5) ______________________________

18. Match cerebral vascular accidents to their common results. Write the correct numbers in the blanks.

______a. Inability to say what one wishes to say

______b. Paralysis of one side of the body due to damage of the brain on opposite side

______c. Absence or impairment of the ability to communicate through speech and writing due to dysfunction of brain center

1. Aphasia
2. Dysphasia
3. Hemiplegia

19. State nursing interventions for emergency and rehabilitative phases of a cerebral vascular accident.

a. Emergency phase

1) ______________________________

2) ______________________________

3) ______________________________

4) ______________________________

5) ______________________________

6) ______________________________

7) ______________________________

8) ______________________________

9) ______________________________

b. Rehabilitative phase

1) ______________________________

2) ______________________________

3) ______________________________

4) ______________________________

TEST

20. State general nursing interventions for the treatment of a patient with paralysis.

a. ______________________________

____

b. ______________________________

____

c. ______________________________

____

d. ______________________________

____

e. ______________________________

____

f. ______________________________

____

g. ______________________________

____

h. ______________________________

____

i. ______________________________

____

j. ______________________________

____

k. ______________________________

____

TEST

21. Match to their correct descriptions common degenerative diseases and disorders that affect the central nervous system. Write the correct numbers in the blanks.

_____a. Weakness and rigidity of muscles with a slow spreading tremor in hands and feet

_____b. Myelin sheath that covers the nerves, white matter of the brain, and spinal cord is destroyed, thus disrupting transmission of nerve impulses

_____c. Weakness of the muscles without atrophy; nerve impulses fail to induce normal muscle contractions

_____d. Deterioration of mental state with reduced intellectual faculties due to inherited organic brain disease

_____e. Form of presenile dementia due to atrophy in areas of the brain

1. Parkinson's disease
2. Myasthenia gravis
3. Multiple sclerosis
4. Huntington's chorea
5. Alzheimer's disease

22. Identify according to their symptoms and interventions common degenerative diseases and disorders that affect the central nervous system. Write the correct names in the blanks.

Multiple sclerosis
Myasthenia gravis
Parkinson's disease
Huntington's chorea
Alzheimer's disease

Disorder	Symptoms	Interventions
a. ____________________ ____________________	Weakness in muscles after exercise, with return of strength after rest Drooping eyelids Double vision Weak facial muscles that become flabby Difficulty in breathing	Administer prescribed drugs to increase strength of muscle response to nerve impulses Maintain patent airway if respiratory muscles weaken Avoid using any sedatives that might reduce respirations further Warn patient to avoid emotional upsets and infections Refer patient and family to resources in community that may assist patient throughout illness

TEST

Disorder	Symptoms	Interventions
b. ____________________ ____________________	Fidgeting and spasms that appear as jerking of muscles Personality changes including irritability, carelessness, loss of memory Progressive weakness leading to severe personality disorders, pneumonia, and eventually death	Administer prescribed drugs for symptomatic relief Refer patient and family to resources in community that may assist patient throughout illness Support patient in times of crisis
c. ____________________ ____________________	Stiffened muscles Continuous tremor Shuffling gait Difficulty in blinking, smiling Masklike face Drooling	Administer prescribed medication Warn patient not to take multivitamins or foods high in B_6 Encourage physical therapy and exercise Provide foods that are easy to handle and swallow Encourage fluid intake and regular elimination habits Support patient and family and refer to local resources for assistance
d. ____________________ ____________________	Slow paralysis at first Speech and vision disturbances that appear and disappear Poor balance and difficulty in walking Tremors Slurred speech Weak and clumsy movements Blurred or double vision Bowel and bladder incontinence	Encourage intake of balanced diet and routine exercise Warn patient to avoid stress, infections, and excitement Encourage regular rest periods Refer patient and family to resources in community that may assist patient throughout illness

TEST

Disorder	Symptoms	Interventions
e. ____________________ ____________________	Progressive, irreversible loss of memory Deterioration of intellectual functioning Apathy Speech disturbances Disorientation Disordered emotions Inability to care for self	Assist with diagnostic procedures Plan a care program for family to follow while patient is still able to live at home Provide resources for family to contact for support assistance Provide constant care for patient who needs institutionalization Provide reorientation programs to keep patient as mentally and physically active as possible Prevent secondary conditions from occurring

23. Match common seizures to their correct descriptions. Write the correct numbers in the blanks.

_____a.	Temporary mental disturbance during which the patient remains conscious but does not remember the seizure	1. Grand mal
_____b.	Repeated seizures one after another without patient's regaining consciousness in between	2. Psychomotor (temporal lobe)
_____c.	Momentary loss of consciousness, sometimes accompanied by a twitching of the head or eyes	3. Jacksonian
_____d.	Seizure beginning with jerky movement in one part of one side of the body and continuing to spread to other parts of that side, with patient remaining conscious	4. Status epilepticus
_____e.	Seizure beginning with aura and a characteristic cry followed by unconsciousness and a pattern of rigid muscle spasms with jerky movements, and ending with a period of relaxation	5. Petit mal

TEST

24. State nursing interventions for the patient with a grand mal seizure.

a. ______________________________

____

b. ______________________________

____

c. ______________________________

____

d. ______________________________

____

e. ______________________________

____

f. ______________________________

____

g. ______________________________

____

h. ______________________________

____

25. List emergency equipment needed for the patient placed on seizure precautions.

a. ______________________________
b. ______________________________
c. ______________________________
d. ______________________________
e. ______________________________
f. ______________________________
g. ______________________________

TEST

26. Match to their correct descriptions common diseases and disorders of the central nervous system seen specifically in pediatric patients. Write the correct numbers in the blanks.

_____a. Premature closure of the sutures of the skull; may result in damage to eyes and brain

_____b. Developmental defects in brain, or birth trauma; results in lack of muscle control and paralysis

_____c. Acute encephalopathy with fatty infiltration of the liver; result depends on extent of damage to central nervous system

_____d. Abnormal smallness of head; may result in various forms of retardation

_____e. Protrusion of sac-like cyst of meninges, spinal fluid, and a portion of the spinal cord with its nerves through defect in vertebral column; results in a variety of nerve damage and paralysis of affected areas

_____f. Atrophy of muscles; results in extreme weakness of all muscles

1. Cerebral palsy
2. Microcephaly
3. Myelomeningeocele
4. Reye's syndrome
5. Craniostenosis
6. Muscular dystrophy

27. Identify according to their symptoms and interventions common diseases and disorders of the central nervous system seen specifically in pediatric patients. Write the correct names in the blanks.

Reye's syndrome
Muscular dystrophy
Cerebral palsy
Microcephaly
Craniostenosis
Myelomeningeocele

Disease or Disorder	Symptoms	Interventions
a. ____________________ ____________________	Malaise Cough Rhinorrhea Sore throat Fever Varying degrees of impaired consciousness Impaired liver function	Assist with lumbar puncture for diagnosis Maintain IV therapy for hydration and replacement of electrolytes Maintain open airway Observe for symptoms of ICP Maintain strict I & O Give support to family Orient child to environment as consciousness is regained

TEST

Disease or Disorder	Symptoms	Interventions
b. ____________________ ____________________	Delay in motor development Abnormal gait Muscle atrophy Contractures and deformities of joints	Support parents Maintain function in muscle movement as long as possible Help families plan care program, and promote independence of child as long as possible
c. ____________________ ____________________	Apparent sac-like structure at any point along spinal column Paralysis of body areas affected Incontinence of bladder or bowel if nerves are affected Joint deformities, depending on degree of nerve involvement	Support parents Handle child carefully to prevent trauma to area of protrusion Place in prone position Keep infant dry to prevent irritation and infection Assist in pre- and postoperative care when surgery is performed to close area
d. ____________________ ____________________	Abnormally small skull Severe mental retardation	Support parents Give supportive care to child Assist in habilitative care
e. ____________________ ____________________	Delay in gross motor development Exaggerated arching of back Spastic movements Abnormalities in reflex responses Contracted muscles or uncontrolled movement, depending on type of palsy	Treat symptomatically as indicated by physician Assist families in planning a care program Encourage locomotion and communication of child
f. ____________________ ____________________	Absent fontanels Prominence and bony feel of suture line Deformities of head depending on suture lines involved Varying degrees of mental retardation Convulsions Loss of vision	Support parents Give supportive care to child Assist in pre- and postoperative care when surgery is performed to remove part of bone tissue

TEST

28. Match to their correct descriptions common surgical procedures used to treat patients with diseases and disorders of the central nervous system. Write the correct numbers in the blanks.

______a. Surgical opening of the skull to evaluate intracranial structures, remove a tumor, evacuate a blood clot, relieve intracranial pressure, or stop hemorrhage

______b. Surgical removal of the posterior arch of a vertebra

______c. Surgical removal of atherosclerotic plaque(s) or thrombus from the carotid artery to prevent a stroke and relieve symptoms

1. Laminectomy
2. Carotid endarterectomy
3. Craniotomy

29. Select from the following list common nursing interventions for patients undergoing surgical procedures to treat diseases and disorders of the central nervous system. Write an "X" in the blank before each correct answer.

Craniotomy and carotid endarterectomy

______a. Obtain completed informed consent prior to surgery

______b. Prepare patient as indicated by physician

______c. Stimulate patient by moving patient's legs and feet following surgery

______d. Explain to patient and family the care that will follow procedure

______e. Use sandbags or pillows to keep patient's head in position

______f. Place patient in Trendelenburg position

______g. Assess patient's neurological response as ordered by physician

______h. Maintain strict I & O

______i. Observe for symptoms of ICP, and report immediately to charge nurse or physician

______j. Change dressing every two hours to check surgical site

______k. Assess vital signs as often as needed until stabilized

______l. Check dressings, ears, nose, and eyes for any drainage

______m. Reorient patient as consciousness returns

______n. Plan period of rehabilitation with health team, patient, and family if needed

TEST

Laminectomy and spinal fusion

______a. Begin active postoperative range-of-motion exercises immediately

______b. Obtain completed informed consent prior to surgery

______c. Assess vital signs as often as needed until patient stabilizes following procedure

______d. Prep back, including buttocks, prior to surgery

______e. Apply ice packs to surgical site postoperatively

______f. Encourage deep-breathing exercises

______g. Change dressings and check for excessive bleeding

______h. Logroll patient using some type of support at shoulders and buttocks

______i. Check dressings each time patient is logrolled

______j. Observe for flushing of skin postoperatively

______k. Assist in ambulation as movement is increased

(NOTE: Test questions 30 and 31 list the assignment and job sheets. They are an important part of this test. If they have not been completed check with your instructor.)

30. Plan care for patients with diseases and disorders of the central nervous system.

31. Demonstrate the ability to

    a. Perform a neurocheck.

    b. Assist with lumbar and cisternal punctures.

    c. Assist with the use of a walker.

ASSESSMENT AND MANAGEMENT OF DISEASES AND DISORDERS OF THE CENTRAL NERVOUS SYSTEM
UNIT VII

ANSWERS TO TEST

1. a. 3 d. 2
   b. 4 e. 1
   c. 6 f. 5

2. a. Traumatic injuries
   b. Brain tumors
   c. Infections
   d. Nerve disorders
   e. Vascular disorders
   f. Degenerative disorders
   g. Seizures
   h. Congenital malformations

3. a. Motor and sensory
      1) Abnormalities in gait, posture, and balance
      2) Inability to feel sensations after stimulation
   b. Reflexes and strength
      1) Abnormal reflex responses
      2) Absence of reflexes
      3) Absence of strength in hands or feet
   c. Behavior and emotional state
      1) Absence of control over emotions
      2) Uncharacteristic actions

ANSWERS TO TEST

d. Level of consciousness

  1) Lapses of memory

  2) Inability to be awakened to full consciousness

4. a. 1
   b. 5
   c. 4
   d. 2
   e. 3

5. a. 8
   b. 2
   c. 7
   d. 1
   e. 3
   f. 6
   g. 9
   h. 12
   i. 11
   j. 13
   k. 10
   l. 4
   m. 5

6. a. Skull x ray — Explain procedure to patient before test

   b. Electroencephalogram

      1) If ordered, withhold any tranquilizers or antiepileptic drugs at least twenty-four to forty-eight hours before test

      2) Omit any caffeine in meal before test

      3) Assist patient in shampooing hair the evening before the test, and omit hair spray or oils

      4) Reassure patient by explaining that there will be no electrical shock and that the test will take only forty-five to sixty minutes

   c. Electromyogram — Explain procedure to patient

   d. Echoencephalogram — Explain procedure to patient

   e. Neurological examination — Explain each step of procedure as reflexes, tactile responses, and coordination are tested

ANSWERS TO TEST

f. Lumbar and cisternal punctures

   1) Obtain a completed informed consent prior to procedure
   2) Assist in positioning and maintaining patient's position during procedure
   3) Assist physician as needed
   4) Document procedure
   5) Provide care following procedure

g. Cerebral arteriogram

   1) Obtain completed informed consent prior to procedure
   2) Withhold meal prior to procedure
   3) Observe for neurological complications following procedure
   4) Observe site for hematoma formation

h. Ventriculogram or pneumoencephalogram

   1) Obtain completed informed consent prior to procedure
   2) Withhold meal prior to procedure
   3) Administer prescribed sedative
   4) Take vital signs following procedure until patient is stabilized
   5) Assess for any symptoms of intracranial pressure
   6) Administer prescribed medications for symptoms of headache, fever, nausea, or vomiting

i. Myelogram

   1) Obtain completed informed consent prior to procedure
   2) Withhold meal prior to procedure
   3) Administer prescribed sedative
   4) Maintain prescribed position of patient following procedure
   5) Encourage intake of fluids
   6) Assess vital signs and perform neurological checks as ordered
   7) Observe for fever, stiff neck, photophobia, and other signs of bacterial meningitis

ANSWERS TO TEST

j. Brain scan and CAT scan

   1) Obtain completed informed consent prior to procedure

   2) Reassure patient that procedure is not painful

7. Description should include the following

Skin care

a. Turn patient frequently to prevent pressure on bony prominences that may lead to decubitus ulcers

b. Use a lotion or oil instead of alcohol when massaging skin

c. Pad beds or wheelchairs with products that support but do not irritate the skin

Eye care

a. Use prescribed solutions instilled in eyes of patients who cannot blink

b. Check eyes frequently to detect signs of irritation or ulceration of cornea

c. Apply eye patches if ordered

Mouth care

a. Give oral care several times a day to moisten mouth and remove old secretions

b. Take care not to use excess fluids that might be aspirated by the unconscious patient

Bladder and bowel care

a. Maintain catheter care until patient can be retrained

b. Provide diet high in bulk, and provide large quantities of liquids to prevent constipation and to encourage regular bowel movements

c. Establish regular routine for elimination

d. Use suppositories and enemas if necessary to stimulate bowel movements

Muscular care

a. Provide passive range-of-motion exercises until patient is able to move without assistance

b. Position patient in good body alignment, using sandbags, pillows, bedboards, and footboards

ANSWERS TO TEST

Dietary care

a. Provide a well-balanced diet high in protein with an increased intake of fluids

b. Give additional vitamin supplements as needed

c. Feed semiliquid or liquid diet very slowly to the semiconscious patient

Sensory and emotional care

a. Assist patient to communicate, using method adapted to patient's limitations

b. Encourage aphasic patient to speak as soon as speech therapy can begin

c. Reassure patient when personality changes occur and emotional reactions are inappropriate

d. Accept patient's behavior, and allow patient and family to express feelings

e. Provide diversional activities that will occupy time and assist in rehabilitation process

8. a. Circle bed

   b. Wedge turning frame

   c. Hydraulic lift

   d. Braces and splints

9. a,b,e,f,h,i,l,m,n,o

10. Description should include the following

    a. Varying levels of unconsciousness; disorientation

    b. Maintain bed rest; observe for symptoms of ICP; treat symptomatically as indicated by physician; assist in pre- and postoperative care if surgery is required to tie off bleeding vessel and remove clots

    c. Pressure on affected brain site; varying levels of ICP if bone fragment presses inward; leaking of CSF if open fracture

    d. Assist in use of traction equipment, Wedge turning frame, or Circle bed; support affected areas; administer prescribed antispasmodic medications; assist in exercising affected areas as soon as possible; maintain patient's elimination; observe for symptoms of shock and further paralysis; use aseptic technique if open wound from trauma or surgery to relieve pressure has occurred; assist in pre- and postoperative care

ANSWERS TO TEST

11. a. Preoperative
    1) Observe symptoms and record accurately
    2) Obtain completed informed consent form prior to procedure
    3) Explain surgery to and reassure family
    4) Prepare patient as indicated by physician
    5) Devise postoperative communication system with patient

    b. Postoperative
    1) Perform neurocheck and compare to presurgery assessment
    2) Position patient on side ordered by physician
    3) Check dressings frequently for any bleeding or leaking of CSF
    4) Assist patient in movement, eating, elimination, and communication as needed

12. a. 4
    b. 3
    c. 2
    d. 1
    e. 6
    f. 5

13. a. Rabies
    b. Tetanus (lockjaw)
    c. Meningitis
    d. Encephalitis
    e. Adult botulism
    f. Guillain-Barre syndrome
    g. Infant botulism

14. a. 3
    b. 2
    c. 1

ANSWERS TO TEST

15. a. Bell's palsy
    b. Tic douloureux
    c. Neuralgia

16. a. 2
    b. 1
    c. 3

17. a. Cerebral hemorrhage
        1) Dizziness and ringing in ears
        2) Violent headache
        3) Nausea and vomiting
    b. Cerebral thrombosis
        1) Dizzy spells
        2) Sudden loss of memory
    c. Cerebral embolism
        1) Redness in face
        2) Noisy breathing
        3) Unconsciousness
        4) Slow but full and bounding pulse
        5) Elevated blood pressure

18. a. 2
    b. 3
    c. 1

ANSWERS TO TEST

19. a. Emergency phase
    1) Establish open airway if patient is unconscious
    2) Position patient on unaffected side
    3) Administer oxygen as indicated by physician
    4) Observe all symptoms and document
    5) Be prepared to suction secretions as needed
    6) Monitor vital signs closely and observe for major changes
    7) Be prepared to intervene in case of seizures
    8) Turn patient frequently after consciousness is regained
    9) Provide support for affected side

    b. Rehabilitative phase
    1) Teach activities of daily living when needed, and encourage self-care
    2) Teach patient to use walker or cane for ambulation
    3) Encourage verbalization of feelings
    4) Discuss rehabilitation with family, and refer family to resource persons who may assist with home care

20. a. Observe for abdominal distention
    b. To prevent aspiration of fluids, suction patient who has difficulty in swallowing
    c. Encourage a diet high in protein
    d. Assist in establishing patterns for elimination
    e. Change patient's position frequently to prevent pneumonia, kidney stones, and deformities
    f. Give good skin care to stimulate circulation and to prevent decubitus ulcers
    g. Maintain catheter care; teach patient care if device will be permanent
    h. Give injections above level of paralysis because of impaired circulation in affected area
    i. Assist with passive exercises to preserve muscle function and to relieve muscle spasms

ANSWERS TO TEST

j. Encourage patient to express fears, doubts, and frustrations

k. Provide or obtain counseling

21. a. 1
    b. 3
    c. 2
    d. 4
    e. 5

22. a. Myasthenia gravis
    b. Huntington's disease
    c. Parkinson's disease
    d. Multiple sclerosis
    e. Alzheimer's disease

23. a. 2
    b. 4
    c. 5
    d. 3
    e. 1

24. a. Protect patient from hitting sharp or harmful objects if a fall occurs; do not attempt to restrain
    b. Place something soft under patient's head
    c. Loosen any tight clothing
    d. Maintain an open airway; turn patient's head to the side to allow collected saliva to drain
    e. Observe details about the seizure and record later
    f. Reassure patient as the patient will be confused and disoriented following the seizure
    g. Assist in making patient comfortable, especially if bowel or bladder incontinence has occurred
    h. Allow patient to rest after seizure

ANSWERS TO TEST

25. a. Suction machines
    b. Padded tongue blades
    c. Airway
    d. Padded side rails
    e. Restraints to use when patient is up in chair
    f. Rectal and axillary thermometers
    g. Oxygen administration set-up

26. a. 5 d. 2
    b. 1 e. 3
    c. 4 f. 6

27. a. Reye's syndrome
    b. Muscular dystrophy
    c. Myelomeningeocele
    d. Microcephaly
    e. Cerebral palsy
    f. Craniostenosis

28. a. 3
    b. 1
    c. 2

29. **Craniotomy and carotid endarterectomy**

    a, b, d, g, h, i, k, l, m, n

    Laminectomy and spinal fusion

    b, c, f, h, i, k

ANSWERS TO TEST

30. Evaluated to the satisfaction of the instructor

31. Performance skills evaluated to the satisfaction of the instructor

ASSESSMENT AND MANAGEMENT OF DISEASES AND DISORDERS OF THE EYE
UNIT VIII

UNIT OBJECTIVE

After completing this unit, the student should be able to plan and give care to patients with diseases and disorders of the eye. The student will show this knowledge by completing the assignment sheet, job sheets, and unit test with a minimum score of 85 percent.

SPECIFIC OBJECTIVES

After completing this unit, the student should be able to

1. Match to their correct definitions terms associated with diseases and disorders of the eye.
2. List general types of conditions that affect the eye.
3. List warning signals of diseases and disorders of the eye.
4. Match to their correct uses diagnostic tests for diseases and disorders of the eye.
5. State nursing interventions for treating common traumatic injuries to the eye.
6. Match to their correct descriptions infectious diseases and disorders of the eye.
7. Identify according to their symptoms and interventions infectious diseases and disorders of the eye.
8. Match to their correct descriptions noninfectious diseases and disorders of the eye.
9. Identify according to their symptoms and interventions noninfectious diseases and disorders of the eye.
10. State nursing interventions for the care of the patient requiring eye surgery.
11. List activities that the patient should avoid following eye surgery.
12. State nursing interventions for the treatment of the child with retinoblastoma.
13. State general guidelines for caring for patients with diseases and disorders of the eye.
14. Select from a list guidelines for caring for a blind or partially sighted person.

OBJECTIVE SHEET

15. Plan care for patients with diseases and disorders of the eye.

16. Demonstrate the ability to

    a. Apply and care for eye dressings.

    b. Cleanse eyelids.

    c. Apply warm or cold compresses to the eyes.

    d. Care for artificial eye and eye socket.

    e. Remove contact lenses.

ASSESSMENT AND MANAGEMENT OF DISEASES AND DISORDERS OF THE EYE
UNIT VIII

SUGGESTED ACTIVITIES

I. Unit contents

   A. Objective sheet

   B. Suggested activities

   C. Information sheet

   D. Transparency masters

      1. TM #1 — Glaucoma

      2. TM #2 -- Detached Retina

   E. Assignment Sheet #1 — Plan Care for Patients with Diseases and Disorders of the Eye

   F. Answers to assignment sheet

   G. Job sheets

      1. Job Sheet #1 — Apply and Care for Eye Dressings

      2. Job Sheet #2 — Cleanse Eyelids

      3. Job Sheet #3 — Apply Warm or Cold Compresses to the Eyes

      4. Job Sheet #4 — Care for Artificial Eye and Eye Socket

      5. Job Sheet #5 — Remove Contact Lenses

   H. Test

   I. Answers to test

II. Instructor's guide

   A. Order materials to supplement unit.

      1. Films

         a. *Eye Injuries*, 6 minutes, color, International Film Bureau, 1981. Available from International Film Bureau, 332 South Michigan Avenue, Chicago, Illinois 60604.

         (NOTE: This film is available to Oklahoma teachers on a free-loan basis. These teachers may order from the Oklahoma State Department of Vocational and Technical Education/Curriculum and Instructional Materials Center, 1500 West Seventh Avenue, Stillwater, Oklahoma 74074. Out-of-state teachers must order from the address listed with the film.)

SUGGESTED ACTIVITIES

b. *Communicating with the Deaf and Blind*. Available from American Foundation for the Blind, 15 West Sixth Street, New York, New York 10011.

2. Filmstrip — *Emergency Medical Care: Emergency Eye Care*. Available from Trainex Corporation, P.O. Box 116, Garden Grove, California 92642.

B. Introduce unit by emphasizing the importance of maintaining good health of the eyes.

SUGGESTION:

- Ask an optometrist to speak to the class concerning routine eye examinations. Have the optometrist give information on keeping the eyes healthy.

C. Through simulated experiences, help students relate to patients who have vision problems.

SUGGESTIONS:

- Simulate vision impairments with the students by patching one or both eyes completely or partially; ask the students to find their way around the room or to use various articles.
- Have blindfolded students assist each other in feeding or grooming activities.

D. Provide students with objective sheet.

E. Discuss unit and specific objectives.

F. Provide students with information, assignment, and job sheets.

G. Discuss information, assignment, and job sheets.

1. Ask students to review the normal anatomy and physiology of the eye to reinforce their knowledge of this organ.

   SUGGESTION:

   - Give a pretest using page PNI-1559-C in the unit "Nervous System and Special Senses" from *Practical Nursing: Volume I*, to evaluate students' knowledge of the eye.

2. Discuss Information Sheet, Sections I through III to bring about awareness of conditions and warning signals of eye diseases and disorders; emphasize how early treatment may prevent the loss of vision.

   SUGGESTION:

   - Show pictures of some of the types of conditions and show examples of symptoms of eye problems. Discuss why it is important to recognize symptoms early.

SUGGESTED ACTIVITIES

3. Provide students with an opportunity to observe the various diagnostic procedures for the eye outlined in Information Sheet, Section IV.

   SUGGESTION:

   - Take a field trip to an ophthalmologist's office or, if possible, to a large diagnostic eye clinic to observe various tests.

4. Discuss Information Sheet, Section V. Reinforce students' knowledge of first aid for treating common traumatic injuries of the eye.

   SUGGESTION:

   - Show *Eye Injuries* or *Emergency Medical Care: Emergency Eye Care*. Allow students to demonstrate first-aid skills if not performed before.

5. Reinforce Information Sheet, Sections VI through IX with guest speakers and audio-visual materials.

   SUGGESTIONS:

   - Invite an ophthalmologist to speak to the class on diseases and disorders of the eyes. Have the speaker discuss current treatments.
   - Obtain slides, articles, films, or photographs that depict diseases and disorders of the eye.

6. Discuss Information Sheet, Sections X and XI. Stress safety factors and accuracy.

   SUGGESTIONS:

   - Use Assignment Sheet #1 to emphasize safety factors and accuracy when caring for patients with diseases and disorders of the eye.
   - Stress the importance of learning to recognize symptoms of intraocular pressure early and to implement measures to relieve or treat the problem.

7. Discuss Information Sheet, Section XII. Emphasize the need to help parents cope with the diagnosis and treatment of a child with retinoblastoma.

   SUGGESTION:

   - Discuss the emotional needs of parents in the acceptance of the diagnosis of retinoblastoma in their child. Role-play information outlined in Section XII.

SUGGESTED ACTIVITIES

8. Reinforce Information Sheet, Section XIII as students work through Job Sheets #1 through #5.

   SUGGESTIONS:

   - Emphasize the importance of using aseptic technique when treating the eyes.
   - Stress the importance of using gentleness in procedures involving the eye and its orbit.

9. Discuss Information Sheet, Section XIV. Help students become aware of problems of blind or partially sighted persons. Discuss agencies that assist with problems faced by the blind or partially sighted.

   SUGGESTIONS:

   - Invite a person who works with the blind to speak to the class about problems of those without sight. Have the speaker address ways in which nurses can assist those who become patients.
   - Contact the following groups or agencies for materials and media to supplement this unit:

     American Council of the Blind, 501 North Douglas Avenue, Oklahoma City, Oklahoma 73106

     American Foundation for the Blind, 15 West 16th Street, New York, New York 10011

     National Federation of the Blind, 218 Randolph Hotel Building, Des Moines, Iowa 50309

     The Seeing Eye, Morristown, New Jersey 07960

     Department of Vocational Rehabilitation

     (NOTE: Obtain local number and address from the telephone directory.)

     National Braille Press, 88 and Stephen Streets, Boston, Massachusetts 02115

   - Take students on a field trip to a school for the blind.
   - Obtain articles related to training guide dogs and discuss their use in assisting the blind.

SUGGESTED ACTIVITIES

III. Unit references

A. Brunner, Lillian Sholtis, and Doris Smith Suddarth. *The Lippincott Manual of Nursing Practice*, 3rd ed. Philadelphia: J.B. Lippincott Company, 1982.

B. Rogers, Helen V. *Nursing III: A Course of Study.* Stillwater, Oklahoma: State Department of Vocational and Technical Education/Curriculum and Instructional Materials Center, 1976.

C. Rosdahl, Caroline Bunker. *Textbook of Basic Nursing*, 3rd ed. Philadelphia: J.B. Lippincott Company, 1981.

D. Scherer, Jeanne C. *Introductory Medical-Surgical Nursing*, 3rd ed. Philadelphia: J.B. Lippincott, 1982.

E. Whaley, Lucille F., and Donna L. Wong. *Essentials of Pediatric Nursing*. St. Louis: C.V. Mosby Company, 1982.

ASSESSMENT AND MANAGEMENT OF DISEASES AND DISORDERS OF THE EYE
UNIT VIII

INFORMATION SHEET

I. Terms and definitions

   A. Intraocular — Within the eyeball

   B. Actinic trauma — Injury caused by the rays of the sun, an ultraviolet lamp, or a welder's torch

   C. Photophobia — Abnormal intolerance of or sensitivity to light

   D. Lacrimation — Secretion and discharge of tears

   E. Retinoblastoma — Malignant glioma of the retina seen in young children and showing a hereditary pattern

   (NOTE: Initial diagnostic sign is a yellowish or white light reflex seen in the pupil. It is known as *cat's eye reflex*.)

   F. Strabismus — Condition in which visual axes do not meet at the desired objective point due to incoordinate action of the extrinsic ocular muscles

   (NOTE: Strabismus may be a result of reduced visual acuity, unequal ocular muscle tone, or an oculomotor lesion.)

II. General types of conditions that affect the eye

   A. Traumatic injuries

   EXAMPLES: Foreign objects, chemical burns

   B. Infectious diseases or disorders

   EXAMPLES: Trachoma, hordeolum

   C. Noninfectious diseases or disorders

   EXAMPLES: Cataracts, retinal detachment

III. Warning signals of diseases and disorders of the eye

   A. Inability to coordinate eye and hand movements

   B. Poor attention span

   (NOTE: Many teachers can identify children with visual problems. What may appear to be a behavior problem may be a visual dysfunction problem.)

INFORMATION SHEET

C. Clumsiness as a result of poor judgment in depth perception

D. Persistent redness of an eye or eyes

E. Pain or discomfort in or around eye

F. Visual disturbance

EXAMPLES: Diplopia, loss of peripheral vision, fogginess or haloing

G. Strabismus

(NOTE: Although infants have difficulty focusing their eyes until they reach the age of six to nine months, persistence of crossed eyes after that age should be checked by an ophthalmologist.)

H. Growths in eyes or eyelids

I. Continuous discharge, crusting, or tearing

J. Irregularities in shapes of or unequal sizes of pupils

IV. Uses of diagnostic tests for diseases and disorders of the eye

A. Snellen eye charts — Used to test visual acuity by having person view from a prescribed distance different sized letters of the alphabet, or Es pointing in various directions

B. Jaeger's test types — Used to test visual acuity by having person use each eye individually to read various sizes of printers' type from cards

C. Color vision tests — Used to measure person's ability to distinguish between color patterns given on printed charts

(NOTE: Lack of distinction between red and green is the most common type of color disability diagnosed.)

D. Refraction — Used to determine the lens' ability to focus light rays on the retina

E. Perimetry tests — Used to measure the peripheral vision and curvature of the eyeball

F. Slit lamp microscopy — Used to assess the minute internal structures of the eye; uses an instrument that projects an intense beam of light into the eye

INFORMATION SHEET

G. Tonometry — Used to measure intraocular pressure

(NOTE: There are two types of instruments presently used to measure intraocular pressure: Goldman application devices are applied directly to the eye; noncontact tonometers send puffs of air against the eye and measure reactions. A measurement of 11 mm Hg to 22 mm Hg is considered to be within normal limits.)

H. Ophthalmoscopic examination — Used to assess the retina and other interior structures to determine the condition of the blood vessels and to detect the presence of tumors or other diseases

I. Fluorescein dye instillation — Used to visualize corneal scratches or ulcers; uses an ultraviolet light after instillation of the dye

J. Electroretinogram (ERG) — Used to record electrical impulses of the retina when light strikes it

(NOTE: The ERG is one of the most often used tests in diagnosis of diseases of the retina.)

K. Ultrasound echo — Used to determine the presence and location of any foreign objects or tumors in the eye

L. Radioactive uptake studies — Used to detect eye tumors through the administration of radioactive materials

(NOTE: The method and theory for radioactive uptake studies are the same as for any other radioactive uptake tests: a neoplasm or other defect will retain more radioactive material than normal tissue.)

V. Nursing interventions for treating common traumatic injuries to the eye

A. Foreign objects

1. Irrigate eye gently with normal saline if object has been in eye a short time
2. Use a soft cotton pad moistened with normal saline to remove object on the conjunctiva
3. Evert the upper lid over an applicator stick if object is under upper lid
4. Cover eye(s) with a sterile dressing and transport person to medical facility if object cannot be removed
5. Caution patient not to rub eye nor to apply pressure to eye

B. Chemical burn

1. Flush eye immediately with copious amounts of clear water

INFORMATION SHEET

2. Cover eye(s) and transport person to medical facility

C. Hematoma (black eye)

1. Apply cold packs for twelve to fourteen hours to decrease bleeding and swelling

2. Apply warm packs (after cold packs) to increase circulation and to aid absorption

3. Obtain medical assistance immediately if eye or surrounding tissues bleed externally or if skin surface is badly damaged

D. Actinic trauma

1. Apply cold compress

2. Cover eye(s) and transport person to medical facility immediately

E. Laceration and abrasion

1. Do not apply pressure to stop bleeding as this may cause further damage

2. Cover or protect eye(s) and transport person to medical facility immediately

3. Caution patient not to touch injured eye(s)

F. Penetrating wound

1. Do not attempt to withdraw foreign object that has punctured eyeball

2. Cover eye(s) if possible and transport person to medical facility immediately

VI. Descriptions of infectious diseases and disorders of the eye

A. Conjunctivitis — Inflammation of the mucous membrane that lines the upper and lower lids and covers the front part of the eyeball

(NOTE: Acute bacterial conjunctivitis is a highly contagious inflammation of the conjunctiva caused by the Koch-Weeks bacillus; common name is *pinkeye*.)

B. Trachoma — Chronic infectious disease of the cornea and conjunctiva

(NOTE: Trachoma is caused by an intracellular parasite. It is rarely seen in the United States, but does affect at least 15 percent of the world's population.)

INFORMATION SHEET

C. Blepharitis — Chronic, bilateral inflammation of the lid margins, with granulated eyelids

D. Uveitis — Inflammation of the iris, ciliary body, and the choroid

(NOTE: Uveitis is usually caused by a localized systemic disease.)

E. Hordeolum (sty) — Contagious infection of a sebaceous gland of the eyelid

F. Keratitis — Inflammation of cornea

G. Corneal ulcer — Serious complication of keratitis with an open lesion and potential danger of corneal scarring or perforation

H. Viral infection — Infection caused by herpes simplex or herpes zoster

VII. Symptoms and interventions for infectious diseases and disorders of the eye (Table 1)

TABLE 1

Disease/Disorder	Symptoms	Interventions
Acute bacterial conjunctivitis	Redness of conjunctiva Burning Increased lacrimation Secretion of mucopurulent discharge Photophobia	Isolate patient Caution patient to keep towels and washcloths separate from other family members' Instill eyedrops or ointments as prescribed
Gonococcal conjunctivitis (NOTE: Gonococcal conjunctivitis appears in the newborn as ophthalmia neonatorium. Few cases appear since silver nitrate and other medications have been routinely used in the eyes of newborn infants. This condition does occur in adults.)	Inflamed conjunctiva Thick purulent discharge Appearance of corneal ulcers	Isolate patient Administer prescribed penicillin systemically or locally Administer prescribed sulfonamides Apply cool compresses to eye Apply a protective dressing to unaffected eye Irrigate affected eye
Trachoma	Inflamed conjunctiva Granulation of eyelids Reddish-blue appearance of conjunctiva Appearance of corneal ulcers	Isolate patient Assist patient in good hygiene habits Administer prescribed sulfonamides or tetracycline systemically or locally

INFORMATION SHEET

Disease/Disorder	Symptoms	Interventions
Corneal ulcer	Pain in eye Photophobia Increased lacrimation Twitching or spasm of eye muscles	Instill prescribed atropine to dilate pupil to place it at rest Apply warm, moist compresses Cleanse cornea with antiseptic solution Assist with cauterization with heat or chemicals to limit spread of ulcer
Blepharitis	Red, inflamed eyelids Fine, crustlike scales at base of eyelashes Burning and itching of eyelids	Shampoo scalp, eyelid margins, and eyebrows with mild soap and water
Uveitis	Pain in eye Photophobia Increased lacrimation Disturbance of vision Edema of upper eyelid Contraction of pupil	Administer prescribed medications to keep pupil dilated Apply moist, warm compresses Administer prescribed steroids systemically or locally Have patient maintain bed rest during acute episodes Encourage patient to wear dark glasses to relieve photophobia Administer prescribed analgesics
Hordeolum (sty)	Local irritation Redness in area Swelling Formation of abscess	Apply warm, moist compresses to affected eye Apply prescribed antibiotic ophthalmic ointment Assist in incision and drainage of abscess if it does not drain spontaneously
Keratitis	Photophobia Pain in eye Increased lacrimation Redness in area Formation of corneal ulcers	Treat cause as indicated by physician Apply warm, moist compresses Administer prescribed cortisone or ACTH systemically or locally Have patient maintain bed rest, with eyes covered during acute stage

INFORMATION SHEET

Disease/Disorder	Symptoms	Interventions
Viral infection (NOTE: Herpes simplex and herpes zoster are two of the main viral infections that can occur in the eye.)	Superficial, clear, cutaneous simplex blisters Deeper lesions occurring in herpes zoster Pain in affected area Increased lacrimation	Maintain aseptic technique to avoid spread Administer prescribed steroids and antibiotics to avoid infection in cases of herpes zoster (NOTE: Steroids are not used in treatment of herpes simplex as they tend to help spread the infection.)

VIII. Descripitons of noninfectious diseases and disorders of the eye

A. Glaucoma — Disease characterized by an increase in intraocular pressure caused by a complete or partial closing of the canal of Schlemm, which prevents the normal flow of fluid from interior of eye

B. Cataract — Disease that causes lens to become opaque; caused by the aging process, infection or injury, or congenital defects

C. Detached retina — Disorder in which retina or a part of it becomes separated from choroid; caused by trauma or disease

(NOTE: A detached retina can occur as a result of a blow to the eye. Other causes may be infection or diseases of the eye.)

D. Corneal opacity — Disorder in which the cornea becomes cloudy; caused by ulceration, injury, infection, or degeneration of cornea

INFORMATION SHEET

IX. Symptoms and interventions for noninfectious diseases and disorders of the eye (Table 2)

TABLE 2

Disease/Disorder	Symptoms	Interventions
Glaucoma (NOTE: Glaucoma can result in atrophy of the optic nerve and cause blindness.)	*Chronic—* Loss of peripheral vision Frequent changes in glasses, which fail to help vision Blurring or hazy vision Disturbance of color vision and accommodation to darkness Appearance of rainbow-colored rings around lights *Acute attack—* Steamy appearance of cornea Dilated pupil that does not react to light Severe pain in eye and over distribution of fifth cranial nerve Nausea and vomiting	Instill prescribed medications to help keep pupil contracted Administer prescribed oral medications to reduce production of aqueous humor Assist in pre- and postoperative care for surgery to provide drainage of aqueous humor Maintain quiet environment Instruct patient to avoid lifting heavy objects and bending over Stress the importance of following prescribed routines
Cataract (NOTE: Cataracts cause loss of vision in varying degrees.)	Gradual blurring of vision Sensitivity to glare	Assist in pre- and postoperative care if surgical removal is done Give home care instructions (NOTE: Surgical removal is usually performed on only one eye at a time.)
Detached retina (NOTE: Detached retinas can cause partial loss of vision or total blindness.)	Sensations of flashes of light Cloudy vision Loss of central vision Sensation of a veil or curtain coming down in front of eye (NOTE: Onset may be gradual or sudden.)	Assist in pre- and postoperative care (NOTE: Surgery consists of a small cut intended to cause slight scarring. The scarring seals the choroid to the retina.)

INFORMATION SHEET

Disease/Disorder	Symptoms	Interventions
Corneal opacity	Decreased vision	Assist with pre- and postoperative care if surgery is performed to repair or replace cornea (NOTE: There are several types of surgery used to correct corneal opacity. Superficial keratectomy is the removal of opaque layers; iridectomy is the excision of part of the iris; keratoplasty is the excision of a portion of the cornea and replacement with a donor or plastic cornea.)

X. Nursing interventions for the care of the patient requiring eye surgery (Assignment Sheet #1)

A. Preoperative

1. Check orders for procedures carefully
2. Orient patient to unit

   (NOTE: If the patient has difficulty in seeing, be sure to explain all equipment in the room and environment.)

3. Provide bed rest and maintain position as indicated for condition
4. Caution patient to ask for help when getting in and out of bed
5. Wash hands before and after treatment of each eye
6. Be certain that medications are labeled "ophthalmic," and administer as prescribed

   (NOTE: Be sure you know what medication is to be used in each eye. Make sure that the medication card is correct in the use of the abbreviations OD, OS, and OU.)

7. Instruct patient to avoid touching the face and eyes
8. Explain surgical procedure and postoperative expectations

   EXAMPLES: Dressings, movements to avoid, communication techniques while eyes are covered

INFORMATION SHEET

9. Provide reassurance

B. Postoperative

1. Prevent pressure on the eyes when patient is transferred from carrier to bed
2. Position patient as indicated by type of surgery
3. Observe for unusual pain, drainage, or symptoms of intraocular pressure, and notify physician immediately
4. Orient patient to surroundings
5. Avoid use of any bright lights near patient
6. Speak to patient before touching
7. Assist with mealtimes as needed
8. Administer analgesics, sedatives, and local medications as ordered
9. Assist with changing of dressings as indicated
10. Assist with ambulation when allowed
11. Give home care instructions

XI. Activities that the patient should avoid following eye surgery

(NOTE: These activities can cause intraocular pressure that may result in serious complications following surgery. The nurse is responsible for warning patients to avoid these activities and for intervening if the activities do occur.)

A. Moving suddenly

B. Rubbing the eyes

C. Coughing, sneezing, or blowing the nose

D. Bending and stooping

E. Washing the face

F. Pulling the skin while shaving

INFORMATION SHEET

G. Pulling at restraints

(NOTE: Children may need to be sedated following surgery to keep them from pulling at any restraints.)

H. Vomiting

I. Straining to defecate

J. Lifting or pulling heavy objects

K. Running and jumping

XII. Nursing interventions for the treatment of the child with retinoblastoma

(NOTE: This condition usually occurs in an infant or very young child. The nurse's main responsibilities will be to work with the parents to prepare them for diagnostic procedures and surgical enucleation of the eye and the preparation and care of a prosthesis to be inserted.)

A. Explain to parents what type of diagnostic procedures will take place and what type of reactions to expect from child

(NOTE: Tumors in the early stages have few obvious signs. Usually there will be some strabismus noted and a whitish reflection or glow in the eye. Indirect ophthalmoscopy may be used to check the eye and may cause a sensitivity in the eye. Subsequent tests may be performed on the bone tissue to check for metastasis.)

B. Prepare parents for child's postoperative appearance

(NOTE: The child will usually have a patch covering the edematous or bruised area.)

C. Prevent stress in operative site following enucleation; provide a quiet environment and prevent child from rubbing area

D. Instruct parents in caring for fitted prosthesis

XIII. General guidelines for caring for patients with diseases and disorders of the eye (Job Sheets #1—#5)

A. Store ocular medications in an area separate from other solutions or medications

(CAUTION: Make sure that medications are marked "for ophthalmic use only.")

B. Provide adequate light source when performing eye procedures

INFORMATION SHEET

C. Use strict aseptic technique

(CAUTION: Wash hands before performing eye care and wash hands after caring for one eye before touching the other eye.)

D. Treat least infected eye first

E. Provide separate equipment for each eye

F. Steady patient's head with hand, pillow, or headrest during treatments

G. Cleanse eye from inner to outer canthus unless otherwise specified

H. Do not touch dropper or tip of medication tube to eye

I. Avoid any pressure on the eyeball

J. Instruct patient before carrying out any procedure

K. Protect eyes and dressings as prescribed or as indicated

XIV. Guidelines for caring for a blind or partially sighted person

A. Speak in normal tone of voice

B. Speak to blind person upon entering room; do not touch person before speaking

C. Keep all obstacles out of pathway to prevent accidents

(NOTE: Keep doors completely closed or completely open; avoid moving furniture, and explain to patient where objects have been placed.)

D. Place needed articles within reach and always in the same place

E. Encourage patient to be independent when possible

F. Describe placement and types of food served on tray or plate

G. Speak to blind person by name when there are two or more persons in room

H. Permit blind person to take your arm and walk slightly behind you for guidance

I. When walking, mention stairs, curbs, sloping walks, and any hazards

J. Tell blind person when you leave the room

INFORMATION SHEET

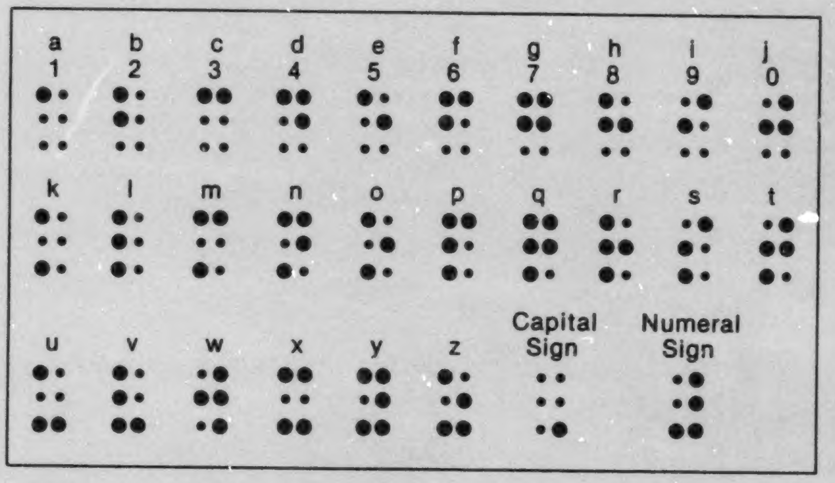
K. Refer person to agencies that can provide needed services for the visually handicapped

L. If possible, obtain available materials in Braille for patient (Figure 1)

(NOTE: Libraries may have reading materials written in Braille for patients to use in the hospital. Some agencies will develop Braille materials needed for patient education.)

EXAMPLE:

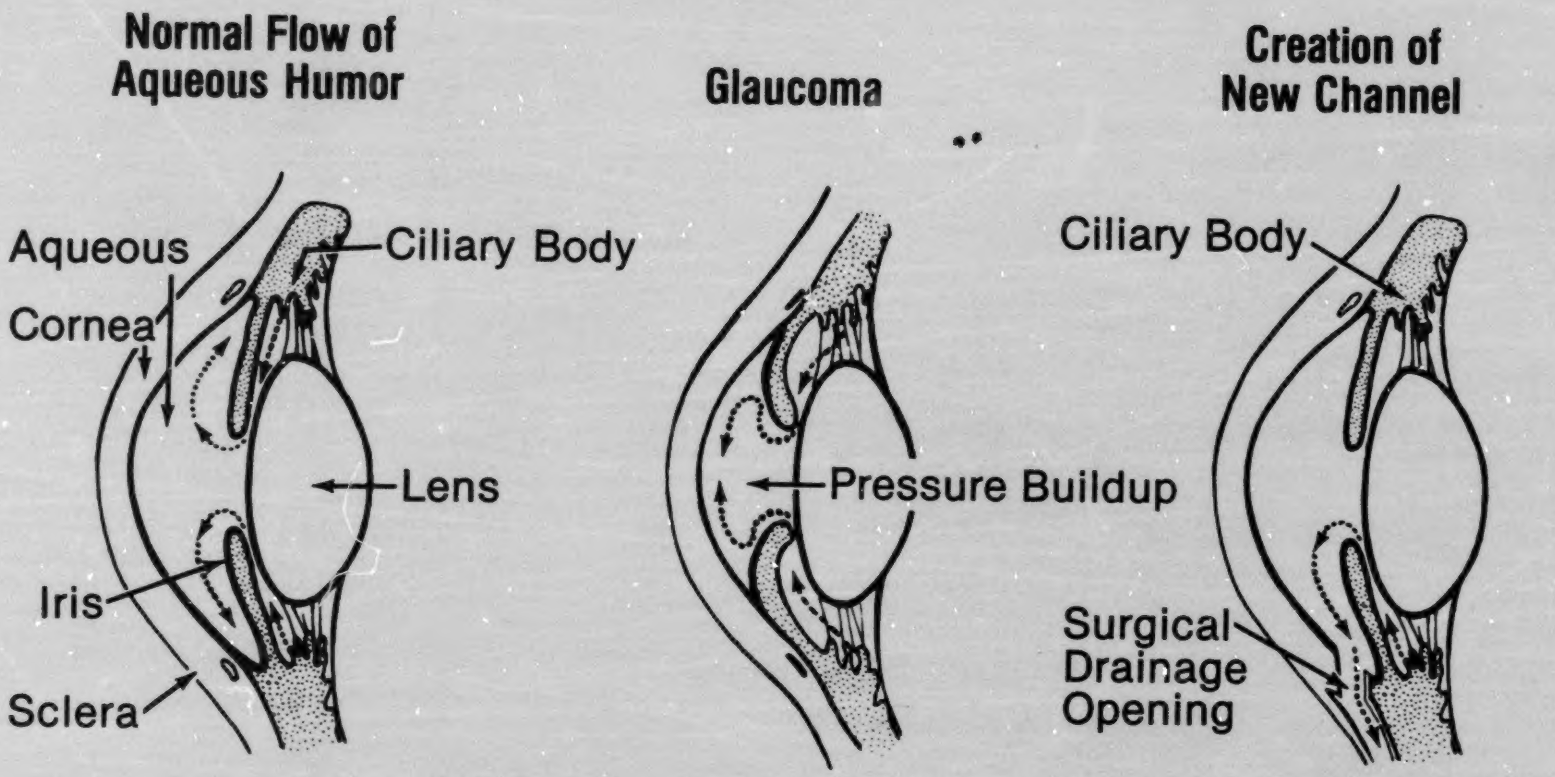
FIGURE 1


a 1
b 2
c 3
d 4
e 5
f 6
g 7
h 8
i 9
j 0
k
l
m
n
o
p
q
r
s
t
u
v
w
x
y
z
Capital Sign
Numeral Sign

Reprinted from *Webster's New Collegiate Dictionary*, published by G. & C. Mirriam Company, Springfield, Massachusetts, 1980.

(NOTE: Darker dots are raised. Special typewriters are available that produce the Braille system of writing.)

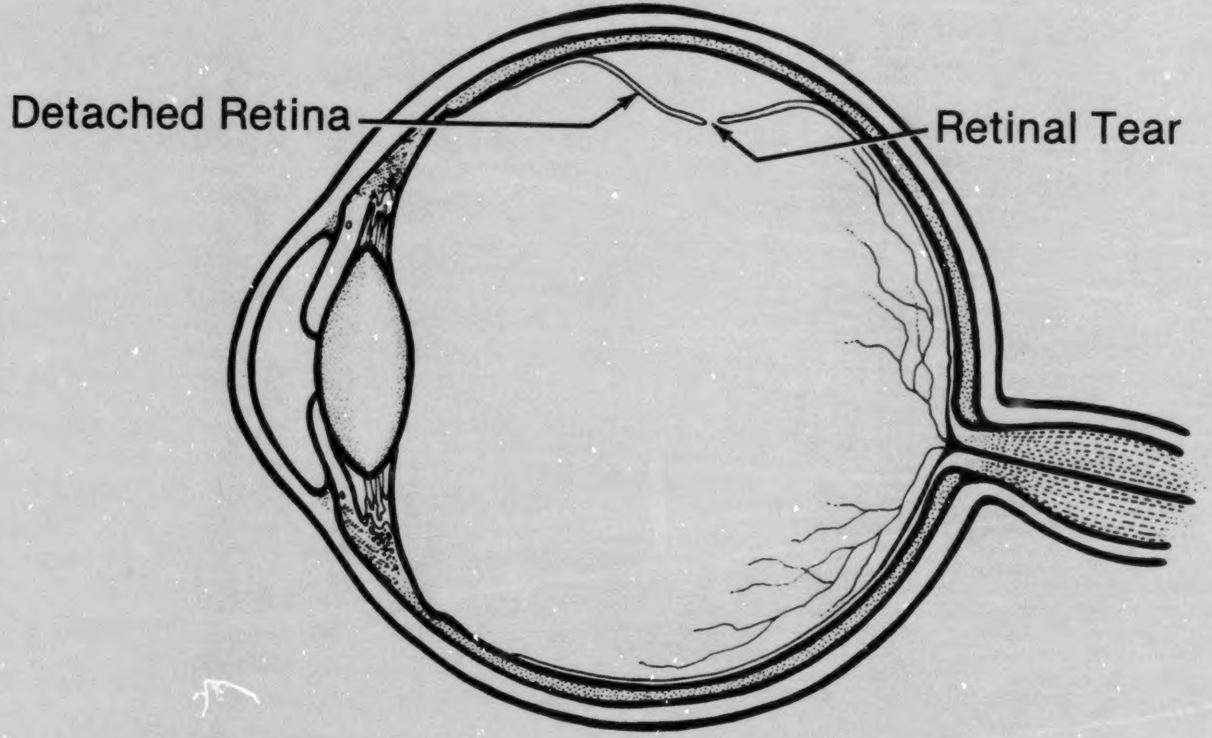
Glaucoma


Normal Flow of Aqueous Humor
Aqueous
Cornea
Ciliary Body
Lens
Iris
Sclera
Glaucoma
Pressure Buildup
Creation of New Channel
Ciliary Body
Surgical Drainage Opening

TM #1

PN III - 851-A

Detached Retina


Detached Retina
Retinal Tear

TM #2

PN III - 653-A

ASSESSMENT AND MANAGEMENT OF DISEASES AND DISORDERS OF THE EYE
UNIT VIII

ASSIGNMENT SHEET #1 — PLAN CARE FOR PATIENTS WITH DISEASES AND DISORDERS OF THE EYE

NAME ______________________ SCORE __________

Providing care for patients with diseases and disorders of the eye is a challenging experience. The delicacy of the eyes demands extreme accuracy in all procedures and treatments given. Great strides have been made in the effort to restore sight with new technological procedures. The nurse who cares for these patients plays a large role in the recovery process.

This assignment sheet provides you with two simulated case studies of patients with diseases and disorders of the eye. You will need to recall some information already learned and to research some material that you will need to answer the questions. After you have completed the assignment, hand in to instructor for evaluation, or discuss in class.

Patient #1

Mrs. Sikes is a sixty-nine-year-old female admitted to the hospital for a cataract extraction. She has been admitted to your floor and is scheduled for surgery in the morning.

A. One of the most important areas to assess in patients scheduled for eye surgery is their current visual acuity. What are some methods you might use as you take Mrs. Sikes' history and perform your preliminary assessment?

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B. What symptoms would Mrs. Sikes probably tell you she has been experiencing concerning her visual problems?

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ASSIGNMENT SHEET #1

C. Mrs. Sikes will be having her surgery under local anesthetic. What is the main reason for the use of this type of anesthetic for this procedure?

D. Mrs. Sikes' physician has ordered eye drops to be given as follows: Neo-Synephrine 10% and Cyclogil 1%, gtt 1 of each OD $\bar{q}$ 5 min × 3. Interpret this order.

E. For what purpose is the Neo-Synephrine used preoperatively?

F. Both of Mrs. Sikes' eyes are patched postoperatively. What are some methods you can use to help her with her sensory deprivation?

G. There are some postoperative activities that are contraindicated after a cataract extraction. What are these activities?

ASSIGNMENT SHEET #1

H. The lens of the eye normally functions by focusing light rays onto the retina. What happens when a cataract forms?

I. When Mrs. Sikes is ready to be discharged, part of her home care instructions will be to avoid certain activities. What would you tell her to avoid?

Patient #2

Rod Dawson, age fifty-four, has come into the emergency room with complaints of losing the vision in his right eye. He states that he was at work and suddenly his vision became cloudy and then decreased in that eye. You suspect a detached retina.

A. What other symptoms may be seen in a detached retina?

B. What happens when a retina detaches?

C. What types of orders would you expect after the physician sees Mr. Dawson and confirms the diagnosis?

ASSIGNMENT SHEET #1

D. What are some of the causes of detached retinas?

ASSESSMENT AND MANAGEMENT OF DISEASES AND DISORDERS OF THE EYE
UNIT VIII

ANSWERS TO ASSIGNMENT SHEET

Assignment Sheet #1 (Suggested answers)

Patient #1

A. Observe outward signs of visual impairment such as Mrs. Sikes' ability to read the usual hospital form, any difficulty signing the forms, groping for objects, facial expressions, and the prescription of her glasses. Her voiced complaints of vision problems would be the next method of assessment. Visual assessment may be made by asking her to read or to see written charts or forms.

B. The major symptoms are blurred vision and hazy appearance around objects viewed.

C. Local anesthetic is given in most cases to reduce the possibility of nausea and vomiting postoperatively. Local anesthetic is also a good idea for patients in this age group to reduce chances of complications that may occur after a general anesthetic.

D. One drop each of Neo-Synephrine and Cyclogil in the right eye every five minutes for three times

E. Neo-Synephrine causes dilation of the pupil and constriction of the blood vessels.

F. Provide frequent verbal contact. Explain procedures before beginning. Call her name as you enter the room or before touching her. Place needed objects close by.

G. Coughing, sneezing, crying, straining, and vomiting

H. The lens becomes opaque and rays are unable to be focused.

I. Bending over to pick up items and lifting heavy objects

Patient #2

A. Flashes of light, loss of central vision, sensation of a veil or curtain coming down in front of eye

B. The sensory layer becomes separated from the pigmented layer of the retina. With this separation of the two layers, there is a deprivation of the blood supply to the sensory layer, which causes vision loss.

C. Complete bed rest, immobilization of head, covering of one or both eyes, mydriatics to dilate the pupil, preoperative procedures before surgery to reattach the retina

D. Sudden blows to the head or eye, penetrating injuries, complications of diseases, complications following other intraocular surgery such as cataract removal

ASSESSMENT AND MANAGEMENT OF DISEASES AND DISORDERS OF THE EYE
UNIT VIII

JOB SHEET #1 — APPLY AND CARE FOR EYE DRESSINGS

I. Equipment

  A. Sterile eye pads

  B. Paper or silk tape

II. Procedure

  (NOTE: Physician may change first dressing and give specific instructions on how dressing should be applied according to the diagnosis and need.)

  A. Check physician's orders

  B. Collect equipment

  C. Identify patient and explain procedure

  D. Wash hands

  E. Loosen tape of old dressing by pulling toward eye

  F. Do not put any pressure on eye

  G. Remove dressing by lifting straight up or out away from eye

  (CAUTION: Do not slide dressing across the eye.)

  H. Cleanse or medicate eye as indicated

  I. Wash hands again if eye has discharge or drainage

  J. Apply sterile eye pad

  K. Apply tape to secure pad

  L. Wash hands before changing dressing on other eye

  M. Document procedure and the appearance of eye

JOB SHEET #1

III. Checklist for applying and caring for eye dressings

		Performed Well	Needs Improvement
A.	Checked physician's orders	☐	☐
B.	Collected equipment	☐	☐
C.	Identified patient and explained procedure	☐	☐
D.	Washed hands	☐	☐
E.	Loosened tape of old dressing by pulling toward eye	☐	☐
F.	Did not put any pressure on eye	☐	☐
G.	Removed dressing by lifting straight up or out away from eye	☐	☐
H.	Cleansed or medicated eye as indicated	☐	☐
I.	Washed hands again if eye had discharge or drainage	☐	☐
J.	Applied sterile eye pad	☐	☐
K.	Applied tape to secure pad	☐	☐
L.	Washed hands before changing dressing on other eye	☐	☐
M.	Documented procedure and the appearance of eye	☐	☐

Comments:

ASSESSMENT AND MANAGEMENT OF DISEASES AND DISORDERS OF THE EYE
UNIT VIII

JOB SHEET #2 — CLEANSE EYELIDS

I. Equipment

- A. Sterile saline
- B. Sterile cotton balls or gauze

II. Procedure

- A. Check physician's orders
- B. Collect equipment
- C. Identify patient and explain procedure
- D. Wash hands
- E. Moisten sterile cotton ball or gauze with normal saline; remove excess normal saline from cotton ball or gauze
- F. Starting with least affected eye, use one light cleansing stroke from inner to outer canthus of eye; discard cotton ball or gauze
- G. Wash hands
- H. Repeat steps E through G to cleanse other eyelid
- I. Document procedure and the appearance of eyes

JOB SHEET #2

III. Checklist for applying and caring for eye dressings

		Performed Well	Needs Improvement
A.	Checked physician's orders	☐	☐
B.	Collected equipment	☐	☐
C.	Identified patient and explained procedure	☐	☐
D.	Washed hands	☐	☐
E.	Moistened sterile cotton ball or gauze with normal saline; removed excess normal saline from cotton ball or gauze	☐	☐
F.	Started with least affected eye, and used one light cleansing stroke from inner to outer canthus of eye; discarded cotton ball or gauze	☐	☐
G.	Washed hands	☐	☐
H.	Repeated steps E through G to cleanse other eyelid	☐	☐
I.	Documented procedure and the appearance of eyes	☐	☐

Comments:

ASSESSMENT AND MANAGEMENT OF DISEASES AND DISORDERS OF THE EYE
UNIT VIII

JOB SHEET #3 — APPLY WARM OR COLD COMPRESSES TO THE EYES

I. Equipment

  A. Sterile towels or cloths

  B. Warm or cold sterile saline

  (NOTE: Warm compresses are used to cleanse eyes, to relieve pain, and to increase circulation. Cold compresses relieve itching, reduce swelling, reduce secretions, relieve pain, prevent edema, and control bleeding.)

II. Procedure

  A. Check physician's orders

  B. Collect equipment

  C. Identify patient and explain procedure

  D. Wash hands

  E. Moisten towel or cloth with warm or cold saline; remove excess saline

  F. Apply compress to affected eye

  (NOTE: Use separate compress for each eye. Start with least affected eye, and wash hands between each eye if treating both eyes.)

  G. Remove compress after indicated time span

  H. Wash hands

  I. Document procedure and the appearance of eye

JOB SHEET #3

III. Checklist for applying warm or cold compresses to the eyes

		Performed Well	Needs Improvement
A.	Checked physician's orders	☐	☐
B.	Collected equipment	☐	☐
C.	Identified patient and explained procedure	☐	☐
D.	Washed hands	☐	☐
E.	Moistened towel or cloth with warm or cold saline; removed excess saline	☐	☐
F.	Applied compress to affected eye	☐	☐
G.	Removed compress after indicated time span	☐	☐
H.	Washed hands	☐	☐
I.	Documented procedure and the appearance of eye	☐	☐

Comments: ____

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ASSESSMENT AND MANAGEMENT OF DISEASES AND DISORDERS OF THE EYE
UNIT VIII

JOB SHEET #4 — CARE FOR ARTIFICIAL EYE AND EYE SOCKET

(NOTE: It may be the nurse's responsibility to teach the patient how to care for the eye and the eye socket.)

I. Equipment

   A. Prosthesis (if not implanted)

   B. Antiseptic solution as indicated

II. Procedure for implanted prosthesis care

   A. Check physician's orders

   B. Collect equipment

   C. Identify patient and explain procedure

   D. Wash hands

   E. Irrigate eye socket with mild antiseptic solution as prescribed

   F. Instill antibiotic ointment if indicated

   G. Check eye socket for swelling or signs of infection

   H. Check prosthesis for any defects

   I. Wash hands

   J. Document procedure and appearance of socket

III. Procedure for removable prosthesis care

   A. Check physician's orders

   B. Collect equipment

   C. Wash hands

   D. Moisten prosthesis with antiseptic solution

   E. Hold prosthesis over a padded area to prevent damage or breakage

   F. Insert prosthesis into socket carefully, without pressing against socket

JOB SHEET #4

G. Cleanse eyelid from outer canthus to inner canthus

(NOTE: This direction is opposite to that used when cleaning a normal eye. When eyelid over a prosthesis is wiped from inside to outside, it tends to displace.)

H. Wash hands

I. Document procedure and the appearance of socket

JOB SHEET #4

IV. Checklist for caring for artificial eye and eye socket

A. Procedure for implanted prosthesis care	Performed Well	Needs Improvement
1. Checked physician's orders	☐	☐
2. Collected equipment	☐	☐
3. Identified patient and explained procedure	☐	☐
4. Washed hands	☐	☐
5. Irrigated eye socket with mild antiseptic solution as prescribed	☐	☐
6. Instilled antibiotic ointment if indicated	☐	☐
7. Checked eye socket for swelling or signs of infection	☐	☐
8. Checked prosthesis for any defects	☐	☐
9. Washed hands	☐	☐
10. Documented procedure and appearance of socket	☐	☐

Comments:____

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B. Procedure for removable prosthesis care	Performed Well	Needs Improvement
1. Checked physician's orders	☐	☐
2. Collected equipment	☐	☐
3. Washed hands	☐	☐

JOB SHEET #4

		Performed Well	Needs Improvement
4.	Moistened prosthesis with antiseptic solution	☐	☐
5.	Held prosthesis over a padded area to prevent damage or breakage	☐	☐
6.	Inserted prosthesis into socket carefully, without pressing against socket	☐	☐
7.	Cleansed eyelid from outer canthus to inner canthus	☐	☐
8.	Washed hands	☐	☐
9.	Documented procedure and the appearance of socket	☐	☐

Comments:____

ASSESSMENT AND MANAGEMENT OF DISEASES AND DISORDERS OF THE EYE
UNIT VIII

JOB SHEET #5 — REMOVE CONTACT LENSES

(NOTE: If a person is incapacitated due to accident or illness, it may be necessary for the nurse to remove contact lenses if an ophthamologist or optometrist is not available. If the patient is unconscious, or the iris cannot be seen, wait until professional assistance arrives.)

I. Equipment

  A. Eye suction cup if available

  (NOTE: Some ER units will have small rubber suction cups that can be placed on a hard lens and gently applied to lift the lens from the eye.)

  B. Two vials marked "left" and "right," filled with normal saline

II. Procedure for hard lenses

  (NOTE: Use suction cup if available.)

  A. Place patient in recumbent position

  B. Wash hands thoroughly

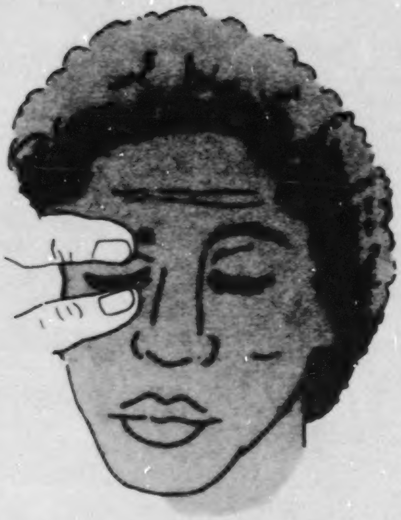
  C. Explain procedure to patient, if patient is conscious

  D. Stand on right side of patient to remove right lens

  E. Lightly place left thumb on upper right eyelid and right thumb on lower eyelid close to edge and parallel with lids (See Figure 2)

JOB SHEET #5

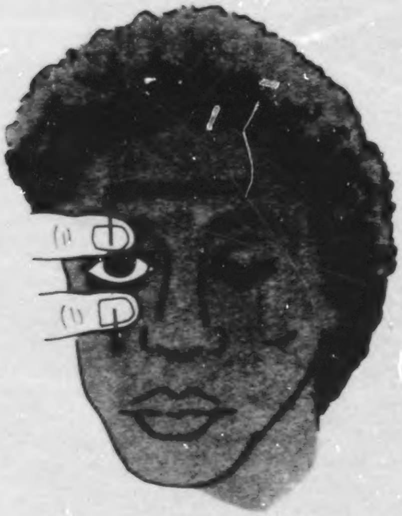
FIGURE 2



F. Pull lids apart gently and observe placement of lens (Figure 3)

(CAUTION: If lens cannot be seen, wait for professional assistance.)

FIGURE 3

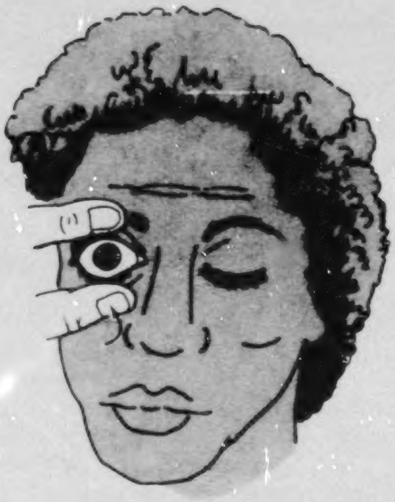


JOB SHEET #5

G. Open lids wider beyond edge of lens, and maintain this position

H. Press down gently on eyeball with right thumb, tilting lens up on one edge (Figure 4)

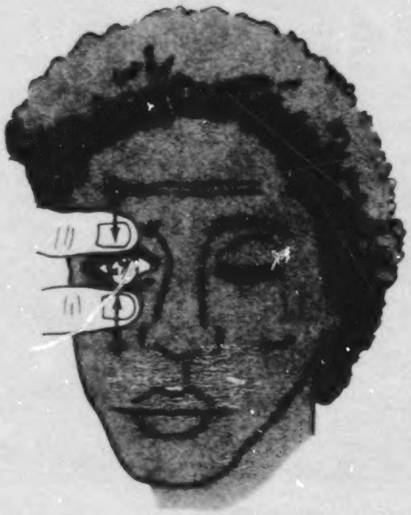
FIGURE 4



I. Slide eyelids and thumbs together gently, sliding lens out between lids (Figure 5)

(CAUTION: Do not use force; wait for professional assistance if lens will not come out.)

FIGURE 5



JOB SHEET #5

J. Lift lens out

K. Place lens in normal saline in correctly labeled vial

L. Move to left side of patient and repeat procedure for left eye

M. Document procedure

III. Procedure for soft contacts

(NOTE: Soft lenses may remain on the eye for many hours, usually without harm; but in some cases, soft lenses need to be removed by the nurse.)

A. Place patient in recumbent position

B. Wash hands thoroughly

C. Explain procedure to patient, if patient is conscious

D. Stand on right side of patient to remove right lens

E. Open eye by placing left forefinger lightly on upper lid and left thumb lightly on lower lid

F. Use forefinger of right hand to slide soft lens down to sclera

G. Remove lens from eye by grasping and folding lens gently between forefinger and thumb of right hand

H. Place lens in normal saline in correctly labeled vial

I. Move to left side of patient and repeat procedure for left eye

J. Document procedure

JOB SHEET #5

IV. Checklist for removing contact lenses

		Performed Well	Needs Improvement
A.	Procedure for hard lenses		
1.	Placed patient in recumbent position	☐	☐
2.	Washed hands thoroughly	☐	☐
3.	Explained procedure to patient, if patient was conscious	☐	☐
4.	Stood on the right side of patient to remove right lens	☐	☐
5.	Lightly placed left thumb on upper right eyelid and right thumb on lower eyelid close to edge and parallel with lids	☐	☐
6.	Pulled lids apart gently and observed placement of lens	☐	☐
7.	Opened lids wider beyond edge of lens, and maintained this position	☐	☐
8.	Pressed down on eyeball gently with right thumb, tilting lens up on one edge	☐	☐
9.	Slid eyelids and thumbs together gently, sliding lens out between lids	☐	☐
10.	Lifted lens out	☐	☐
11.	Placed lens in normal saline in correctly labeled vial	☐	☐
12.	Moved to left side of patient and repeated procedure for left eye	☐	☐
13.	Documented procedure	☐	☐

Comments:____

JOB SHEET #5

		Performed Well	Needs Improvement
B.	Procedure for soft contacts		
1.	Placed patient in recumbent position	☐	☐
2.	Washed hands thoroughly	☐	☐
3.	Explained procedure to patient, if patient was conscious	☐	☐
4.	Stood on right side of patient to remove right lens	☐	☐
5.	Opened eye by placing left forefinger lightly on upper lid and left thumb lightly on lower lid	☐	☐
6.	Used forefinger of right hand to slide soft lens down to sclera	☐	☐
7.	Removed lens from eye by grasping and folding lens gently between forefinger and thumb of right hand	☐	☐
8.	Placed lens in normal saline in correctly labeled vial	☐	☐
9.	Moved to left side of patient and repeated procedure for left eye	☐	☐
10.	Documented procedure	☐	☐

Comments:____

____

____

____

ASSESSMENT AND MANAGEMENT OF DISEASES AND DISORDERS OF THE EYE
UNIT VIII

TEST

NAME ______________________________ SCORE ______________

1. Match to their correct definitions terms associated with diseases and disorders of the eye. Write the correct numbers in the blanks.

_____a. Within the eyeball

_____b. Abnormal intolerance of or sensitivity to light

_____c. Malignant glioma of the retina seen in young children and showing a hereditary pattern

_____d. Injury caused by the rays of the sun, an ultraviolet lamp, or a welder's torch

_____e. Secretion and discharge of tears

_____f. Condition in which visual axes do not meet at the desired objective point due to incoordinate action of the extrinsic ocular muscles

1. Lacrimation
2. Retinoblastoma
3. Intraocular
4. Photophobia
5. Actinic trauma
6. Strabismus

2. List general types of conditions that affect the eye.

a. ______________________________

b. ______________________________

c. ______________________________

3. List warning signals of diseases and disorders of the eye.

a. ______________________________

b. ______________________________

c. ______________________________

d. ______________________________

e. ______________________________

TEST

f. ______________________________

g. ______________________________

h. ______________________________

i. ______________________________

j. ______________________________

4. Match to their correct uses diagnostic tests for diseases and disorders of the eye. Write the correct numbers in the blanks. Definitions are continued on the next page.

______a. Used to measure person's ability to distinguish between color patterns given on printed charts

______b. Used to assess the retina and other interior structures to determine the condition of the blood vessels and to detect the presence of tumors or other diseases

______c. Used to detect eye tumors through the administration of radioactive materials

______d. Used to visualize corneal scratches or ulcers; uses an ultraviolet light after instillation of the dye

______e. Used to test visual acuity by having person view from a prescribed distance different sized letters of the alphabet, or Es pointing in various directions

______f. Used to determine the lens' ability to focus light rays on the retina

______g. Used to measure the peripheral vision and curvature of the eyeball

______h. Used to measure intraocular pressure

______i. Used to determine the presence and location of any foreign objects or tumors in the eye

______j. Used to assess the minute internal structures of the eye; uses an instrument that projects an intense beam of light into the eye

1. Snellen eye charts
2. Jaeger's test types
3. Color vision tests
4. Refraction
5. Perimetry tests
6. Slit lamp microscopy
7. Tonometry
8. Ophthalmoscopic examination
9. Fluorescein dye instillation
10. Electroretinogram (ERG)
11. Ultrasound echo
12. Radioactive uptake studies

TEST

______k. Used to test visual acuity by having person use each eye individually to read various sizes of printers' type from cards

______l. Used to record electrical impulses of the retina when light strikes it

5. State nursing interventions for treating common traumatic injuries to the eye.

   a. Foreign objects

      1) ____
      ____

      2) ____
      ____

      3) ____
      ____

      4) ____
      ____

      5) ____
      ____

   b. Chemical burn

      1) ____
      ____

      2) ____
      ____

   c. Hematoma (black eye)

      1) ____
      ____

TEST

2) ____________________

____

3) ____________________

____

d. Actinic trauma

1) ____________________

____

2) ____________________

____

e. Laceration and abrasion

1) ____________________

____

2) ____________________

____

3) ____________________

____

f. Penetrating wound

1) ____________________

____

2) ____________________

____

TEST

6. Match to their correct descriptions infectious diseases and disorders of the eye. Write the correct numbers in the blanks.

_____a. Inflammation of the iris, ciliary body, and the choroid

_____b. Inflammation of cornea

_____c. Inflammation of the mucous membrane that lines the upper and lower lids and covers the front part of the eyeball

_____d. Serious complication of keratitis with an open lesion and potential danger of corneal scarring or perforation

_____e. Contagious infection of a sebaceous gland of the eyelid

_____f. Infection caused by herpes simplex or herpes zoster

_____g. Chronic infectious disease of the cornea and conjunctiva

_____h. Chronic, bilateral inflammation of the lid margins, with granulated eyelids

1. Conjunctivitis
2. Trachoma
3. Corneal ulcer
4. Blepharitis
5. Uveitis
6. Hordeolum (sty)
7. Keratitis
8. Viral infection

7. Identify according to their symptoms and interventions infectious diseases and disorders of the eye. Write the correct names in the blanks.

Keratitis
Corneal ulcer
Trachoma
Acute bacterial conjunctivitis
Uveitis

Gonococcal conjunctivitis
Hordeolum (sty)
Blepharitis
Viral infection

Disease/Disorder	Symptoms	Interventions
a.____________________ ____________________	Redness of conjunctiva Burning Increased lacrimation Secretion of mucopurulent discharge Photophobia	Isolate patient Caution patient to keep towels and washcloths separate from other family members' Instill eyedrops or ointments as prescribed

TEST

Disease/Disorder	Symptoms	Interventions
b. ______________ ______________	Inflamed conjunctiva Thick purulent discharge Appearance of corneal ulcers	Isolate patient Administer prescribed penicillin systemically or locally Administer prescribed sulfonamides Apply cool compresses to eye Apply a protective dressing to unaffected eye Irrigate affected eye
c. ______________ ______________	Red, inflamed eyelids Fine, crustlike scales at base of eyelashes Burning and itching of eyelids	Shampoo scalp, eyelid margins, and eyebrows with mild soap and water
d. ______________ ______________	Pain in eye Photophobia Increased lacrimation Disturbance of vision Edema of upper eyelid Contraction of pupil	Administer prescribed medications to keep pupil dilated Apply moist, warm compresses Administer prescribed steroids systemically or locally Have patient maintain bed rest during acute episodes Encourage patient to wear dark glasses to relieve photophobia Administer prescribed analgesics
e. ______________ ______________	Local irritation Redness in area Swelling Formation of abscess	Apply warm, moist compresses to affected eye Apply prescribed antibiotic ophthalmic ointment Assist in incision and drainage of abscess if it does not drain spontaneously

TEST

Disease/Disorder	Symptoms	Interventions
f.________ ________	Photophobia Pain in eye Increased lacrimation Redness in area Formation of corneal ulcers	Treat cause as indicated by physician Apply warm, moist compresses Administer prescribed cortisone or ACTH systemically or locally Have patient maintain bed rest, with eyes covered during acute stage
g.________ ________	Superficial, clear, cutaneous simplex blisters Deeper lesions occurring in herpes zoster Pain in affected area Increased lacrimation	Maintain aseptic technique to avoid spread Administer prescribed steroids and antibiotics to avoid infection in cases of herpes zoster
h.________ ________	Inflamed conjunctiva Granulation of eyelids Reddish-blue appearance of conjunctiva Appearance of corneal ulcers	Isolate patient Assist patient in good hygiene habits Administer prescribed sulfonamides or tetracycline systemically or locally
i.________ ________	Pain in eye Photophobia Increased lacrimation Twitching or spasm of eye muscles	Instill prescribed atropine to dilate pupil to place it at rest Apply warm, moist compresses Cleanse cornea with antiseptic solution Assist with cauterization with heat or chemicals to limit spread of ulcer

8. Match to their correct descriptions noninfectious diseases and disorders of the eye. Write the correct numbers in the blanks.

_____a. Disorder in which the cornea becomes cloudy; caused by ulceration, injury, infection, or degeneration of cornea

_____b. Disease characterized by an increase in intraocular pressure caused by a complete or partial closing of the canal of Schlemm, which prevents the normal flow of fluid from interior of eye

_____c. Disorder in which retina or a part of it becomes separated from choroid; caused by trauma or disease

_____d. Disease that causes lens to become opaque; caused by the aging process, infection or injury, or congenital defects

1. Corneal opacity
2. Glaucoma
3. Detached retina
4. Cataract

TEST

9. Identify according to their symptoms and interventions noninfectious diseases and disorders of the eye. Write the correct names in the blanks.

Glaucoma	**Corneal opacity**
Cataract	**Detached retina**

Disease/Disorder	Symptoms	Interventions
a.__________ __________	*Chronic —* Loss of peripheral vision Frequent changes in glasses, which fail to help vision Blurring or hazy vision Disturbance of color vision and accommodation to darkness Appearance of rainbow-colored rings around lights *Acute attack —* Steamy appearance of cornea Dilated pupil that does not react to light Severe pain in eye and over distribution of fifth cranial nerve Nausea and vomiting	Instill prescribed medications to help keep pupil contracted Administer prescribed oral medications to reduce production of aqueous humor Assist in pre- and postoperative care for surgery to provide drainage of aqueous humor Maintain quiet environment Instruct patient to avoid lifting heavy objects and bending over Stress the importance of following prescribed routines
b.__________ __________	Gradual blurring of vision Sensitivity to glare	Assist in pre- and postoperative care if surgical removal is done Give home care instructions
c.__________ __________	Sensations of flashes of light Cloudy vision Loss of central vision Sensation of a veil or curtain coming down in front of eye	Assist in pre- and postoperative care
d.__________ __________	Decreased vision	Assist with pre- and postoperative care if surgery is performed to repair or replace cornea

TEST

10. State nursing interventions for the care of the patient requiring eye surgery.

a. Preoperative

1) ____

____

2) ____

____

3) ____

____

4) ____

____

5) ____

____

6) ____

____

7) ____

____

8) ____

____

9) ____

____

b. Postoperative

1) ____

____

2) ____

____

692-A

TEST

3) ______________________________

4) ______________________________

5) ______________________________

6) ______________________________

7) ______________________________

8) ______________________________

9) ______________________________

10) ______________________________

11) ______________________________

11. List activities that the patient should avoid following eye surgery

a. ______________________________

b. ______________________________

c. ______________________________

d. ______________________________

e. ______________________________

TEST

f. ______________________________

g. ______________________________

h. ______________________________

i. ______________________________

j. ______________________________

k. ______________________________

12. State nursing interventions for the treatment of the child with retinoblastoma.

a. ______________________________

____

b. ______________________________

____

c. ______________________________

____

d. ______________________________

____

13. State general guidelines for caring for patients with diseases and disorders of the eye.

a. ______________________________

b. ______________________________

c. ______________________________

d. ______________________________

e. ______________________________

f. ______________________________

g. ______________________________

h. ______________________________

TEST

i. ______________________________

j. ______________________________

k. ______________________________

14. Select from the following list guidelines for caring for a blind or partially sighted person. Write an "X" in the blank before each correct answer.

_____a. Speak in normal tone of voice

_____b. If possible, obtain available materials in Braille for patient

_____c. Always keep the room completely dark

_____d. Tell blind person when you leave the room

_____e. Refer person to agencies that can provide needed services for the visually handicapped

_____f. When walking, mention stairs, curbs, sloping walks and any hazards

_____g. Speak in a loud tone while facing patient

_____h. Encourage patient to be independent when possible

_____i. Keep all obstacles out of pathway to prevent accidents

_____j. Speak to blind person upon entering room; do not touch person before speaking

_____k. Feed patient to insure intake of nutritious diet

_____l. Describe placement and types of food served on tray or plate

_____m. Place needed articles within reach and always in the same place

_____n. Do not frighten patient by describing each step of a procedure

_____o. Speak to blind person by name when there are two or more persons in room

_____p. Permit blind person to take your arm and walk slightly behind you for guidance

(NOTE: Test questions 15 and 16 list the assignment and job sheets. They are an important part of this test. If they have not been completed, check with your instructor.)

15. Plan care for patients with diseases and disorders of the eye.

TEST

16. Demonstrate the ability to

    a. Apply and care for eye dressings.

    b. Cleanse eyelids.

    c. Apply warm or cold compresses to the eyes.

    d. Care for artificial eye and eye socket.

    e. Remove contact lenses.

ASSESSMENT AND MANAGEMENT OF DISEASES AND DISORDERS OF THE EYE
UNIT VIII

ANSWERS TO TEST

1. a. 3
   b. 4
   c. 2
   d. 5
   e. 1
   f. 6

2. a. Traumatic injuries
   b. Infectious diseases or disorders
   c. Noninfectious diseases or disorders

3. a. Inability to coordinate eye and hand movements
   b. Poor attention span
   c. Clumsiness as a result of poor judgment in depth perception
   d. Persistent redness of an eye or eyes
   e. Pain or discomfort in or around eye
   f. Visual disturbance
   g. Strabismus
   h. Growths in eyes or eyelids
   i. Continuous discharge, crusting, or tearing
   j. Irregularities in shapes of or unequal sizes of pupils

ANSWERS TO TEST

4. a. 3
   b. 8
   c. 12
   d. 9
   e. 1
   f. 4
   g. 5
   h. 7
   i. 11
   j. 6
   k. 2
   l. 10

5. a. Foreign objects

   1) Irrigate eye gently with normal saline if object has been in eye a short time

   2) Use a soft cotton pad moistened with normal saline to remove object on the conjunctiva

   3) Evert the upper lid over an applicator stick if object is under upper lid

   4) Cover eye(s) with a sterile dressing and transport person to medical facility if object cannot be removed

   5) Caution patient not to rub eye nor to apply pressure to eye

   b. Chemical burn

   1) Flush eye immediately with copious amounts of clear water

   2) Cover eye(s) and transport person to medical facility

   c. Hematoma (black eye)

   1) Apply cold packs for twelve to fourteen hours to decrease bleeding and swelling

   2) Apply warm packs (after cold packs) to increase circulation and to aid absorption

   3) Obtain medical assistance immediately if eye or surrounding tissues bleed externally or if skin surface is badly damaged

   d. Actinic trauma

   1) Apply cold compress

   2) Cover eye(s) and transport person to medical facility immediately

ANSWERS TO TEST

e. Laceration and abrasion

  1) Do not apply pressure to stop bleeding as this may cause further damage

  2) Cover or protect eye(s) and transport person to medical facility immediately

  3) Caution patient not to touch injured eye(s)

f. Penetrating wound

  1) Do not attempt to withdraw foreign object that has punctured eyeball

  2) Cover eye(s) if possible and transport person to medical facility immediately

6. a. 5
   b. 7
   c. 1
   d. 3
   e. 6
   f. 8
   g. 2
   h. 4

7. a. Acute bacterial conjunctivitis
   b. Gonococcal conjunctivitis
   c. Blepharitis
   d. Uveitis
   e. Hordeolum (sty)
   f. Keratitis
   g. Viral infection
   h. Trachoma
   i. Corneal ulcer

8. a. 1
   b. 2
   c. 3
   d. 4

ANSWERS TO TEST

9. a. Glaucoma
   b. Cataract
   c. Detached retina
   d. Corneal opacity

10. a. Preoperative
    1) Check orders for procedures carefully
    2) Orient patient to unit
    3) Provide bed rest and maintain position as indicated for condition
    4) Caution patient to ask for help when getting in and out of bed
    5) Wash hands before and after treatment of each eye
    6) Be certain that medications are labeled "ophthalmic," and administer as prescribed
    7) Instruct patient to avoid touching the face and eyes
    8) Explain surgical procedure and postoperative expectations
    9) Provide reassurance

    b. Postoperative
    1) Prevent pressure on the eyes when patient is transferred from carrier to bed
    2) Position patient as indicated by type of surgery
    3) Observe for unusual pain, drainage, or symptoms of intraocular pressure and notify physician immediately
    4) Orient patient to surroundings
    5) Avoid use of any bright lights near patient
    6) Speak to patient before touching
    7) Assist with mealtimes as needed
    8) Administer analgesics, sedatives, and local medications as ordered

ANSWERS TO TEST

9) Assist with changing of dressings as indicated

10) Assist with ambulation when allowed

11) Give home care instructions

11. a. Moving suddenly

    b. Rubbing the eyes

    c. Coughing, sneezing, or blowing the nose

    d. Bending and stooping

    e. Washing the face

    f. Pulling the skin while shaving

    g. Pulling at restraints

    h. Vomiting

    i. Straining to defecate

    j. Lifting or pulling heavy objects

    k. Running and jumping

12. a. Explain to parents what type of diagnostic procedures will take place and what type of reactions to expect from child

    b. Prepare parents for child's postoperative appearance

    c. Prevent stress in operative site following enucleation; provide a quiet environment and prevent child from rubbing area

    d. Instruct parents in caring for fitted prosthesis

13. a. Store ocular medications in an area separate from other solutions or medications

    b. Provide adequate light source when performing eye procedures

    c. Use strict aseptic technique

    d. Treat least infected eye first

ANSWERS TO TEST

- e. Provide separate equipment for each eye
- f. Steady patient's head with hand, pillow, or headrest during treatments
- g. Cleanse eye from inner to outer canthus unless otherwise specified
- h. Do not touch dropper or tip of medication tube to eye
- i. Avoid any pressure on the eyeball
- j. Instruct patient before carrying out any procedure
- k. Protect eyes and dressings as prescribed or as indicated

14. a, b, d, e, f, h, i, j, l, m, o, p

15. Evaluated to the satisfaction of the instructor

16. Performance skills evaluated to the satisfaction of the instructor

ASSESSMENT AND MANAGEMENT OF DISEASES AND DISORDERS OF THE EAR

UNIT IX

UNIT OBJECTIVE

After completing this unit, the student should be able to plan and give care to patients with diseases and disorders of the ear. The student will show this knowledge by completing the assignment sheet and unit test with a minimum score of 85 percent.

SPECIFIC OBJECTIVES

After completing this unit, the student should be able to

1. Match to their correct definitions terms associated with diseases and disorders of the ear.
2. List types of conditions that affect the ears.
3. List symptoms of hearing loss.
4. Describe diagnostic tests for hearing.
5. Match types of hearing loss disorders to their correct descriptions.
6. Select from a list guidelines for communicating with hearing-impaired patients.
7. Match to their correct descriptions common operative procedures for the ear.
8. State nursing interventions for caring for an ear-surgery patient.
9. Match to their correct descriptions diseases and disorders of the external, middle, and inner ear.
10. Identify according to their symptoms and interventions diseases and disorders of the external, middle, and inner ear.
11. State general nursing interventions for caring for patients with diseases and disorders of the ear.
12. Plan care for patients with diseases and disorders of the ear.

ASSESSMENT AND MANAGEMENT OF DISEASES AND DISORDERS OF THE EAR
UNIT IX

SUGGESTED ACTIVITIES

I. Unit contents

  A. Objective sheet

  B. Suggested activities

  C. Supplement #1 — The American Manual Alphabet

  D. Information sheet

  E. Assignment Sheet #1 — Plan Care for Patients with Diseases and Disorders of the Ear

  F. Answers to assignment sheet

  G. Test

  H. Answers to test

II. Instructor's guide

  A. Order materials to supplement unit.

    1. Filmstrip — *Care of the Patient with a Hearing Impairment*. Available from Trainex Corporation, P. O. Box 116, Garden Grove, California 92642.

    2. Film — *Inner Ear*. Available from Films, Inc., 1144 Wilmette Avenue, Wilmette, Illinois 60091.

  B. Introduce unit by emphasizing how important the sense of hearing is to all persons and how impairment of that sense affects the quality of life.

  SUGGESTIONS:

  - Begin the class by having the students use ear plugs to listen to the lecture. Or, speak very softly to demonstrate the problems of those who cannot hear.

  - Ask persons who have hearing impairments to speak to the class about their problems of daily living and how they manage to cope with a hearing loss.

  - Emphasize the importance of good health to prevent hearing loss. Discuss current problems (loud music, industrial noise, frequent upper respiratory infections) that can add to the development of hearing impairment. Discuss the necessity of frequent evaluation of that sense.

SUGGESTED ACTIVITIES

C. Provide students with objective sheet.

D. Discuss unit and specific objectives.

E. Provide students with information and assignment sheets.

F. Discuss information and assignment sheets.

1. Ask students to review the normal anatomy and physiology of the ear to reinforce their knowledge of that organ.

   SUGGESTION:

   - Give a pretest using the unit "Nervous System and Special Senses" from *Practical Nursing: Volume I*, page 1559-C, to evaluate students' knowledge of the ear.

2. Discuss Information Sheet, Sections I through IV. Ask students if they have ever had problems with their hearing, what types of tests were done to diagnose the problems, and what treatments were given.

   SUGGESTIONS:

   - Ask an audiologist to bring equipment to class and to demonstrate the various diagnostic tests performed to assess hearing.

   - Discuss the symptoms of hearing loss.

3. Reinforce knowledge of anatomy and physiology of the ear as you discuss Information Sheet, Section V.

   SUGGESTION:

   - Use a model of the ear to show the various parts of the ear that are affected by hearing loss disorders.

4. To reinforce Information Sheet, Section VI, provide students with an opportunity to learn various methods of communicating with the hearing-impaired patient.

   SUGGESTIONS:

   - Recommend that students use the American Manual Alphabet to learn the basic alphabet for sign language for communicating with the deaf.

   - Ask a speech pathologist who works with the deaf to speak to the class on techniques of communicating.

SUGGESTED ACTIVITIES

5. Present information in Information Sheet, Sections VII through XI in a variety of ways, emphasizing the importance of accuracy in care of patients with diseases and disorders of the ear.

   SUGGESTIONS:

   - Ask an otolaryngologist to speak to the class about the various diseases and disorders of the ear and the current treatment for each.
   - Rotate students through the office of an otolaryngologist during clinical practice to observe treatment of diseases and disorders of the ear.
   - Show filmstrip *Care of the Patient with a Hearing Impairment*.
   - Review various care plans developed to provide care for the patient with diseases and disorders of the ear.
   - Have students complete Assignment Sheet #1. Discuss the care of the two patients given in the case studies.

F. Give test.

G. Reteach and retest if necessary.

III. Unit references

A. Guillory, La Vera M. *Expressive and Receptive Fingerspelling for Hearing Adults*. Baton Rouge, Louisiana: Claitors Publishing Division, 1966.

B. Rogers, Helen V. *Nursing III: A Course of Study*. Stillwater, Oklahoma: State Department of Vocational and Technical Education/Curriculum and Instructional Materials Center, 1976.

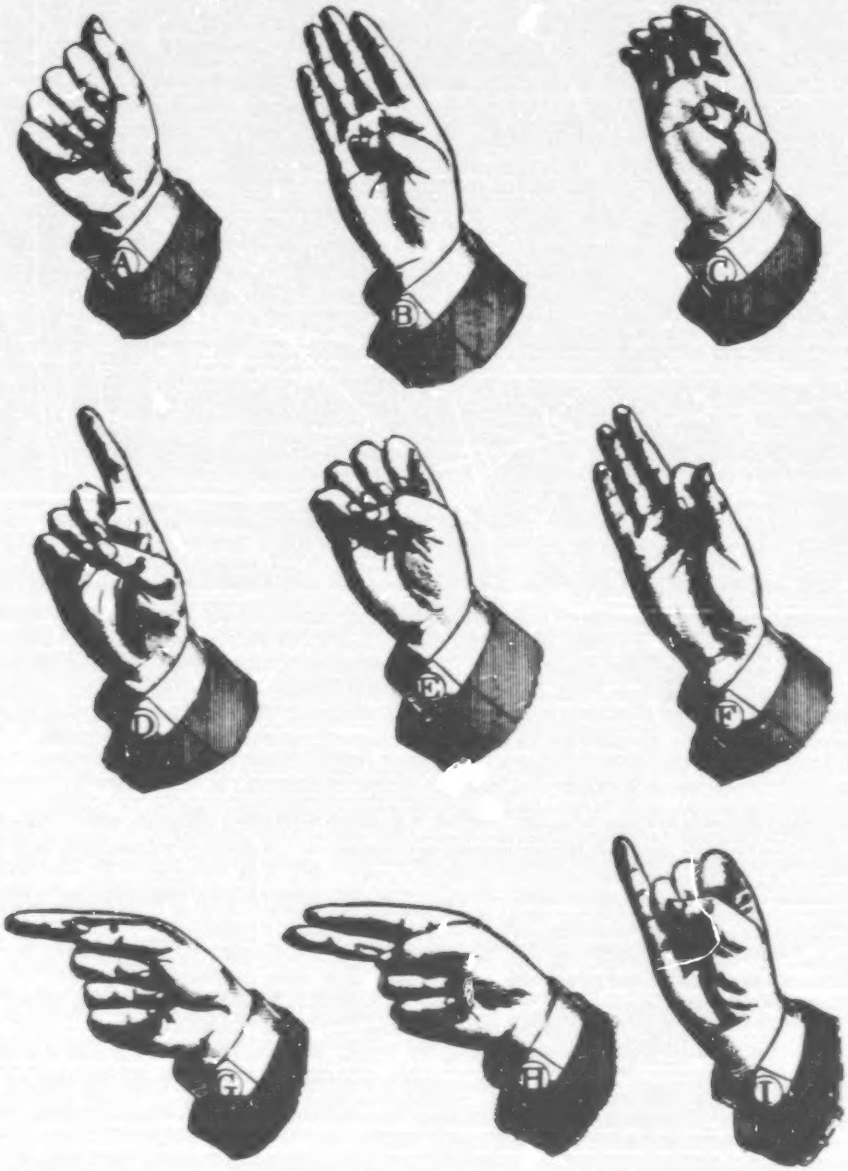
C. Rosdahl, Caroline Bunker. *Textbook of Basic Nursing*, 3rd ed. Philadelphia: J. B. Lippincott Company, 1981.

D. Scherer, Jeanne C. *Introductory Medical-Surgical Nursing*, 3rd ed. Philadelphia: J. B. Lippincott Company, 1982.

E. Whaley, Lucille F., and Donna L. Wong. *Essentials of Pediatric Nursing*. St. Louis: C. V. Mosby Company, 1982.

SUGGESTED ACTIVITIES

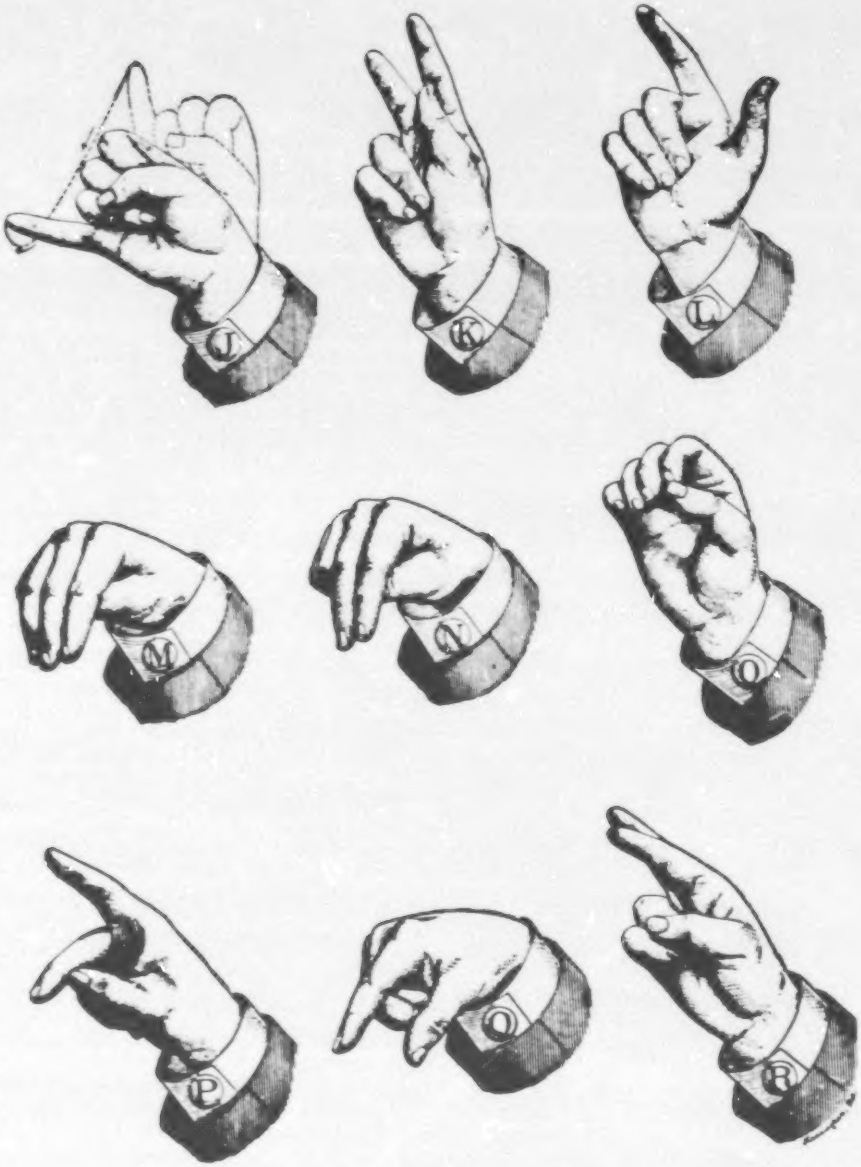
SUPPLEMENT #1 — THE AMERICAN MANUAL ALPHABET



Source: *Expressive and Receptive Fingerspelling for Hearing Adults* by La Vera M. Guillory, Claitors Publishing Division, Baton Rouge, Louisiana, 1966; from a work by Joseph C. Gordon, Brentano Brothers, 1886.

SUGGESTED ACTIVITIES

SUPPLEMENT #1



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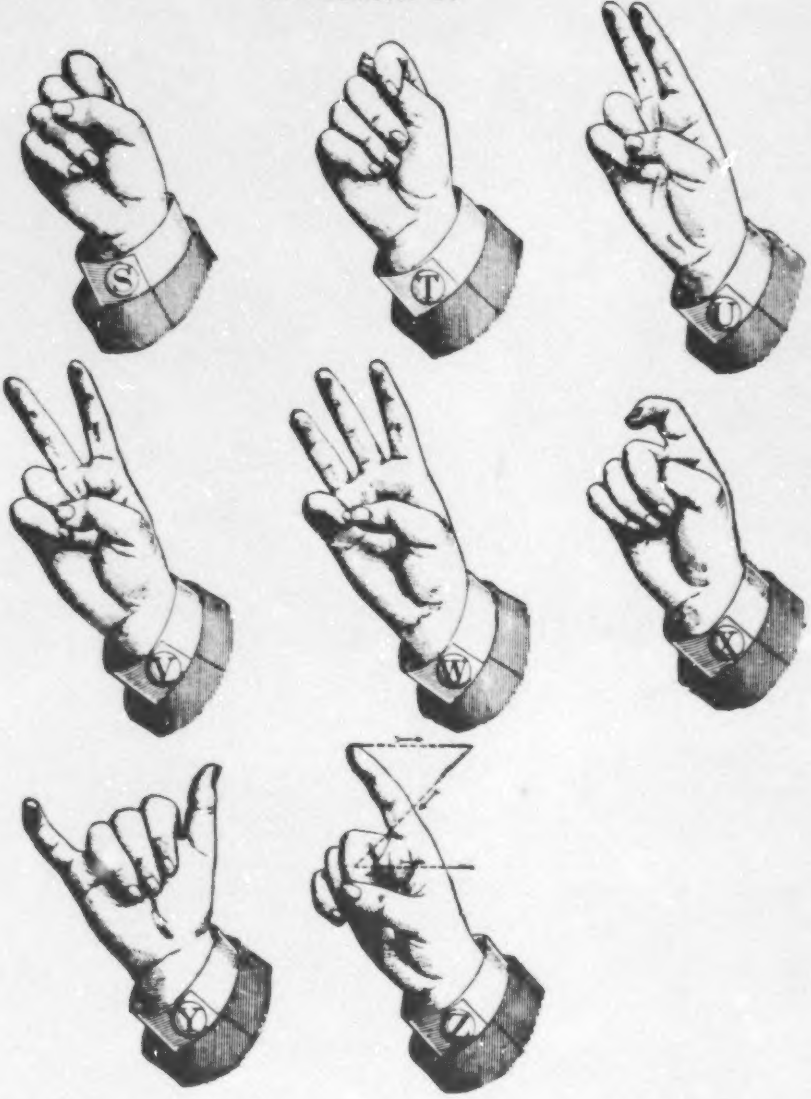
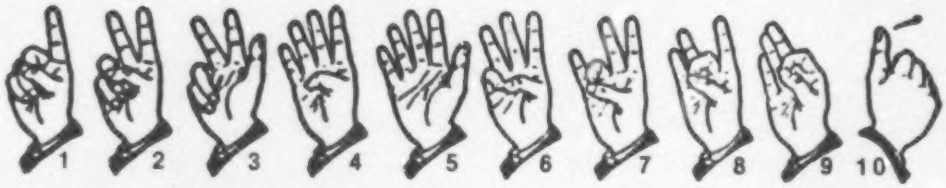
SUGGESTED ACTIVITIES

SUPPLEMENT #1





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ASSESSMENT AND MANAGEMENT OF DISEASES AND DISORDERS OF THE EAR
UNIT IX

INFORMATION SHEET

I. Terms and definitions

A. Otolaryngologist — Physician who specializes in disorders of the ear, nose, and throat

B. Audiologist — Specialist in nonmedical evaluation and rehabilitation of patients with hearing disorders

C. Tinnitis — Subjective ringing or tinkling sound in the ear

D. Nystagmus aural — Constant, involuntary movement of the eyeball; movement may be in any direction

(NOTE: Nystagmus aural usually accompanies labyrinthitis.)

E. Caloric test — Procedure used in diagnosis of diseases and disorders of the ear; performed by instilling fluid at temperatures above or below body temperature into the ear and observing patient's reaction

(NOTE: In healthy persons, cold water induces a slight tonic deviation to the side being irrigated, followed after about twenty seconds by nystagmus to the opposite side. Irrigation with warm water produces nystagmus to the same side. If the vestibular nerve or labyrinth is destroyed due to disease, no nystagmus is produced upon testing the diseased side.)

F. Electronystagmography — Procedure using electroencephalographic recordings to provide objective documentation of induced or spontaneous nystagmus

(NOTE: Electronystagmography is the preferred test for Meniere's disease. The patient has a normal or hyperactive response early in the disease, but, as the disease progresses and hearing decreases, the responses become hypoactive, then absent.)

II. Types of conditions that affect the ears

A. Hearing loss

(NOTE: Hearing loss may be due to a conductive condition or to a sensorineural or nerve deafness condition.)

B. Obstruction

(NOTE: The obstruction may be due to deformities or may be caused by foreign objects that have been inserted into the ear.)

INFORMATION SHEET

- C. Infection

  EXAMPLES: Otitis media, furunculosis

- D. Tumor

  EXAMPLE: Basal-cell carcinoma

III. Symptoms of hearing loss

(NOTE: Patients who experience these symptoms should be encouraged to see an otolaryngologist.)

- A. Frequent requests for repetitions
- B. Mispronunciation of words
- C. Failure to respond to sounds or spoken words

  (NOTE: Children who have hearing problems are often inattentive or give inappropriate responses to questions.)

- D. Voice or speech peculiarities
- E. Inability to speak
- F. Headaches, ear noise, or drainage from ear
- G. Excessive loudness or softness of speech
- H. Inappropriate interpretation of conversation

IV. Diagnostic tests for hearing

(NOTE: An audiologist may perform tests but the nurse should be able to explain what will be expected of patient.)

- A. Whispered spoken test
  1. Patient is instructed to cover one ear with hand
  2. Examiner stands at a specific distance from patient and whispers or speaks in a normal tone
  3. Patient is asked to repeat what examiner has said
- B. Tuning fork test
  1. Examiner tests patient for differentiation in tones made by vibrations when tuning fork is struck and held close to patient

INFORMATION SHEET

2. Examiner can distinguish between any conductive or sensorineural hearing loss

C. Audiometry

1. Examiner uses an audiometer to test hearing

2. Examiner plots tones heard by patient on a chart or graph called an audiogram

V. Descriptions of types of hearing loss disorders

A. Conductive — Inability of sound waves to pass from environment to auditory nerve

(NOTE: Conductive disorders may be caused by a blockage in the external canal, a defective tympanic membrane, a barrier in the middle ear, or by obstructed movement of ossicles. Hearing aids may be used to treat conductive hearing loss, or surgical removal of the blockage may restore hearing.)

B. Sensorineural or nerve deafness — Disturbances of inner ear nerve structures or disturbances of nerves leading to auditory center of brain

(NOTE: Sensorineural hearing loss or nerve deafness may be caused by industrial noise, heavy gunfire, amplification of music, or the aging process. Hearing aids may be used to restore partial hearing.)

C. Central — Disturbances of reception of sound impulses in auditory center of brain

(NOTE: A cerebrovascular accident that causes pressure on the auditory pathways or on the auditory center of the brain can lead to this disorder. The deafness or hearing impairment may be temporary or permanent, depending on the extent of brain damage.)

D. Mixed — Combination of conductive and neural disturbances

E. Functional — Disturbance that stems from underlying psychological problem; produces no apparent damage to auditory nerve

(NOTE: Treatment for functional deafness may be aimed toward psychiatric counseling.)

F. Congenital — Disturbance caused by defects before birth, with impairment appearing at birth or within a few months after birth

INFORMATION SHEET

VI. Guidelines for communicating with hearing-impaired patients (Assignment Sheet #1)

A. Speak slowly and distinctly in a normal tone of voice

B. Face person while speaking

C. Ask patient to repeat information back to you to ensure comprehension

D. Explain procedures simply and carefully

E. Return to patient's room frequently to offer assistance and reassurance

F. Provide adequate light so that patient can see you clearly

G. Rephrase or write out message if patient does not understand

H. Have patient write an answer if you cannot understand the patient's method of communication

VII. Common operative procedures for the ear

(NOTE: Many operative procedures are now being perfected to restore hearing. An effort has been made to develop prosthesis organs to replace affected parts of the ear.)

A. Myringotomy (tympanotomy) — Incision of tympanic membrane for drainage of fluid or pus

B. Myringoplasty (tympanoplasty) — Surgical repair of eardrum

(NOTE: Myringoplasty is a plastic operation of the tympanic membrane.)

C. Fenestration — Creation of a new opening in lateral semicircular canal to substitute for an immobile oval window

D. Stapes mobilization — Surgical freeing or remobilizing of stapes

(NOTE: This procedure is used to treat otosclerosis.)

E. Stapedectomy — Removal of the stapes and replacement with a prosthesis

F. Simple mastoidectomy — Removal of infected mastoid cells

G. Radical mastoidectomy — Removal of all diseased tissue from mastoid area and middle ear

INFORMATION SHEET

VIII. Nursing interventions for caring for an ear-surgery patient

A. Preoperative

1. Shampoo patient's hair the day before surgery

2. Cleanse external ear and surrounding skin with prescribed solution

3. Explain postoperative instructions

EXAMPLES: Encourage patient not to sneeze, cough, or blow nose. Discuss need for maintaining the dressings. Discuss with child and parents the need for possible restraints or prescribed positioning.

4. Reassure patient that nursing personnel will be nearby to provide assistance when needed

B. Postoperative

1. Position patient as prescribed

EXAMPLES: Operative ear should be positioned up to prevent displacement of grafts or prosthesis.

Operative ear should be positioned down to facilitate drainage.

2. Position bed flat or slightly elevated

3. Observe dressing for drainage or bleeding

4. Reinforce dressing as needed, but do not remove

5. Protect patient as indicated

(NOTE: Children may need restraints or close observation to keep them from disturbing the dressings. Adult patients should be instructed to keep their hands away from the dressings.)

6. Provide care slowly; do not move patient quickly

7. Instruct patient to breathe slowly and deeply through mouth during attacks of nausea to avoid vomiting

8. Observe for and report any signs of facial paralysis

(NOTE: Facial paralysis may be caused by nerve damage, edema, or the pressure of the dressings. It may be necessary for the surgeon to loosen or adjust dressings.)

INFORMATION SHEET

9. Observe for symptoms of meningitis following mastoidectomy

   EXAMPLES: Temperature elevation, chills, stiff neck, nausea and vomiting

10. Document status of hearing

11. Administer analgesics as needed

IX. Diseases and disorders of the external, middle, and inner ear

A. Otitis — Inflammation of ear

(NOTE: Otitis is differentiated by the portion of the ear that is affected.)

B. Mastoiditis — Inflammation of mastoid bone

C. Otosclerosis — Formation of bony tissue that causes footplate of stapes to become fixed in oval window

D. Labyrinthitis — Inflammation of intricate communication passages within ear

E. Meniere's disease — Recurrent progressive group of symptoms that include dizziness, tinnitis, nausea, and in some cases, degrees of deafness

X. Symptoms and interventions for diseases and disorders of the external, middle, and inner ear (Table 1)

TABLE 1

Disease/Disorder	Symptoms	Interventions
External ear		
External otitis (NOTE: External otitis is usually caused from contact dermatitis, bacterial infections, or fungal infections.)	Scaling or crusting of tissue Redness Edema Itching Pain Watery or purulent discharge Difficulty in hearing	Administer prescribed analgesics Administer prescribed systemic or topical antibiotics Instill peroxide, oil, or eardrops as prescribed Apply cool or warm compresses as indicated

INFORMATION SHEET

Disease/Disorder	Symptoms	Interventions
Furunculosis	Severe pain Feeling of fullness in affected area Impaired hearing Adenopathy Swelling and redness	Administer prescribed analgesics and antibiotics Apply local heat Remove drainage Assist in surgical drainage and care of excised area
Tumors	Loss of hearing Drainage Deep boring pain Peripheral facial paralysis in advanced stages	Assist in removal in early stages, and care postoperatively Care for patient after radiological treatment
Tympanic membrane perforation (NOTE: Perforation may be due to infection or trauma.)	Diminished hearing Dizziness Nausea Vomiting	Caution patients to prevent water from entering ear canal Assist in care before and after tympanoplasty
Middle ear		
Otitis media (NOTE: Otitis media may occur as a complication of an acute infection of the throat or from an allergy that results from collection of fluid within the middle ear. It is a common disorder in young children.)	*Adult—* Pain in ear Fever Feeling of fullness or plugged sensation in ear Hearing loss or difficulty in hearing Retraction or bulging of eardrum Magnification of ear and head noises *Young child—* Pulling of affected ear Rolling head from side to side Increased irritability	Administer prescribed nasal decongestants, oral analgesics, and systemic antibiotics Apply local heat Insert cotton wick in external ear after rupture to keep drainage of discharge from excoriating skin, and change as needed; note amount, color and odor of drainage
Mastoiditis (NOTE: Mastoiditis may occur as a complication of an acute otitis media.)	Earache with tenderness over mastoid bone Fever Purulent, foul-smelling discharge	Administer prescribed antibiotics and/or sulfonamides Administer prescribed analgesics or sedatives as needed for pain or rest Provide care before and after myringotomy to drain eustachian tube, or mastoidectomy to remove damaged tissue

INFORMATION SHEET

Disease/Disorder	Symptoms	Interventions
Otosclerosis	Difficulty in hearing voices Hearing own voice louder than normal	Assist patient in adapting to restoration of hearing Provide care before and after stapedectomy
Inner ear		
Labyrinthitis	Loss of hearing in affected ear Dizziness with nausea and vomiting Nystagmus aural Disturbance of equilibrium	Administer prescribed antibiotics to treat infection Maintain bed rest during attacks of vertigo Provide care before and after mastoidectomy if indicated
Meniere's disease	*During attacks —* Dizziness and loss of equilibrium Tinnitus Reduced hearing Nausea during vertigo *Between attacks —* Tinnitus and impaired hearing Increased stress and fatigue	Assist with diagnostic tests Treat symptoms Provide low-sodium diet and administer prescribed diuretics to reduce edema Maintain bed rest during attacks Administer prescribed tranquilizers Have patient eliminate smoking and caffeine Provide pre- and postoperative care

XI. General nursing interventions for caring for patients with diseases and disorders of the ear

A. Wash hands before and after caring for patient's ears

(NOTE: Be sure to wash hands after caring for each ear, especially if only one ear is infected.)

B. Provide care for noninfected ear first

C. Observe *strict* asepsis when middle ear or tympanic membrane has been opened surgically or by injury

D. Provide adequate light so that external ear is easily observed

INFORMATION SHEET

E. Warm solutions to body temperature before instillation

(NOTE: Hot or cold solutions may cause injury, vertigo, nausea, or vomiting.)

F. Do not insert any article such as a medicine dropper, applicator, or irrigation tip into ear canal beyond extent of your vision

G. Teach patient how to care for ears

H. Do not attempt to remove any foreign object from ear unless specifically directed by physician

ASSESSMENT AND MANAGEMENT OF DISEASES AND DISORDERS OF THE EAR
UNIT IX

ASSIGNMENT SHEET #1 — PLAN CARE FOR PATIENTS WITH DISEASES AND DISORDERS OF THE EAR

NAME ______________________________ SCORE ____________

To be unable to communicate because of impaired hearing is frustrating and discouraging for the patient. Nurses should assess the level of the patient's hearing, the type of condition affecting the ear, and the type of communication process needed. Surgical repairs of the ear and its delicate organs have increased the number of persons whose hearing has been restored. The nurse plays a vital part in the treatment and recovery of these patients.

This assignment sheet provides you with two simulated case studies of patients with diseases and disorders of the ear. You will need to recall some information already learned and to research some material that you will need to answer the questions. Hand in completed assignment to instructor for evaluation, or discuss in class.

Patient #1

Janie Vaughn, two-year-old patient of Dr. Deavis, has been admitted to your pediatric floor with an acute otitis media. A myringotomy will have to be performed if the ear remains inflamed and swollen. Janie's mother will be able to stay with her during her hospitalization.

A. Otitis media is a common condition in young children. Why does this condition occur so often?

____

____

____

____

B. What are the major symptoms of otitis media?

____

____

____

____

ASSIGNMENT SHEET #1

C. Nursing interventions in the treatment of otitis media include drainage of the discharge. What are some of the methods used in assisting with draining of the discharge, and what are some important factors involved in this process?

D. What are some complications involved in otitis media?

E. Describe what the surgical procedure, myringotomy, involves.

F. Janie is scheduled for a myringotomy. As you plan postoperative care, you list several interventions that you will be responsible for. Describe postoperative care for the patient after a myringotomy.

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ASSIGNMENT SHEET #1

Patient #2

Keith Goodson, twenty-four-year-old patient of Dr. Harris, has come into the hospital for a stapedectomy. His hearing problem is due to otosclerosis. Dr. Harris will perform the surgical procedure under local anesthetic to prevent postoperative side effects.

A. How would you describe otosclerosis to a patient?

B. What would be three nursing care responsibilities immediately after Keith's surgery?

C. What types of postoperative complications should the nurse observe for?

D. What instructions should the nurse give Keith as he is ready to be discharged?

ASSESSMENT AND MANAGEMENT OF DISEASES AND DISORDERS OF THE EAR
UNIT IX

ANSWERS TO ASSIGNMENT SHEET

Assignment Sheet #1 (Suggested answers)

Patient #1

A. This condition is common in young children because the eustachian tube that lies between the pharynx and the middle ear is shorter, wider, straighter, and more collapsible than the adult's. An upper respiratory infection may settle in the ear trapping fluid in the tube.

B. Pain in the ear, fever, exudate or discharge from ear, impaired hearing

C. Child should be positioned with affected ear down to promote drainage; heat may be used to promote drainage, or ear wicks may be gently inserted to facilitate drainage.

D. Mastoiditis, meningitis, permanent loss of hearing

E. Incision of the tympanic membrane and aspiration of the fluid is done to prevent membrane from rupturing and to aid in draining fluid.

F. Postoperatively you will need to observe Janie's dressing for drainage, keep her from pulling or rubbing the area, administer prescribed analgesics, and position her as indicated to facilitate drainage.

Patient #2

A. Otosclerosis is a chronic progressive condition that causes deafness. The formation of spongy bone around the oval window causes the stapes to develop ankylosis. When the stapes cannot move, vibrations cannot be transmitted.

B. Keep patient flat in bed for at least twenty-four hours; explain to Keith that he must not blow his nose; explain that he should keep all head movement to a minimum, and movement should be accomplished very slowly.

C. Symptoms of meningitis, facial paralysis, and hemorrhage from operative site

D. Keith should be told to avoid getting the dressing wet or getting water in his ear; he also should be told to avoid situations in which air pressure might change, such as traveling on airplanes; he also should be informed of his next appointment with Dr. Harris and given any specific instructions to follow before the appointment.

ASSESSMENT AND MANAGEMENT OF DISEASES AND DISORDERS OF THE EAR
UNIT IX

TEST

NAME ______________________________ SCORE ______________

1. Match to their correct definitions terms associated with diseases and disorders of the ear. Write the correct numbers in the blanks.

_____a. Physician who specializes in disorders of the ear, nose, and throat

_____b. Specialist in nonmedical evaluation and rehabilitation of patients with hearing disorders

_____c. Subjective ringing or tinkling sound in the ear

_____d. Constant, involuntary movement of the eyeball; movement may be in any direction

_____e. Procedure used in diagnosis of diseases and disorders of the ear; performed by instilling fluid at temperatures above or below body temperature into the ear and observing patient's reaction

_____f. Procedure using electroencephalographic recordings to provide objective documentation of induced or spontaneous nystagmus

1. Nystagmus aural
2. Otolaryngologist
3. Electronystagmography
4. Audiologist
5. Caloric test
6. Tinnitis

2. List types of conditions that affect the ears.

a. ______________________________

b. ______________________________

c. ______________________________

d. ______________________________

3. List symptoms of hearing loss.

a. ______________________________

b. ______________________________

TEST

c. ________________________________

d. ________________________________

e. ________________________________

f. ________________________________

g. ________________________________

h. ________________________________

4. Describe diagnostic tests for hearing.

   a. Whispered spoken test

   ____

   ____

   b. Tuning fork test

   ____

   ____

   c. Audiometry

   ____

   ____

5. Match types of hearing loss disorders to their correct descriptions. Write the correct numbers in the blanks. Descriptions are continued on the next page.

   ______a. Inability of sound waves to pass from environment to auditory nerve

   ______b. Disturbances of inner ear nerve structures or disturbances of nerves leading to auditory center of brain

   ______c. Disturbances of reception of sound impulses in auditory center of brain

   ______d. Combination of conductive and neural disturbances

   1. Sensorineural or nerve deafness
   2. Mixed
   3. Central
   4. Conductive
   5. Congenital
   6. Functional

TEST

______e. Disturbance that stems from underlying psychological problem; produces no apparent damage to auditory nerve

______f. Disturbance caused by defects before birth, with impairment appearing at birth or within a few months after birth

6. Select from the following list guidelines for communicating with hearing-impaired patients. Write an "X" in the blank before each correct answer.

______a. Speak loudly at close range

______b. Rephrase or write out message if patient does not understand

______c. Have patient write an answer if you cannot understand patient's method of communication

______d. Avoid direct eye contact

______e. Face person while speaking

______f. Speak slowly and distinctly in a normal tone of voice

______g. Avoid using hand gestures

______h. Provide adequate light so that patient can see you clearly

______i. Refrain from speaking slowly

______j. Ask patient to repeat information back to you to ensure comprehension

______k. Explain procedures simply and carefully

______l. Return to patient's room frequently to offer assistance and reassurance

______m. Label patient's room to notify staff of deafness

7. Match to their correct descriptions common operative procedures for the ear. Write the correct numbers in the blanks. Descriptions and procedures are continued on the next page.

______a.	Incision of tympanic membrane for drainage of fluid or pus	1. Myringotomy (tympanotomy)
______b.	Surgical repair of eardrum	2. Fenestration
______c.	Creation of a new opening in lateral semicircular canal to substitute for an immobile oval window	3. Myringoplasty (tympanoplasty)

TEST

_____d. Surgical freeing or remobilizing of stapes		4. Stapedectomy
_____e. Removal of the stapes and replacement with a prosthesis		5. Radical mastoidectomy
_____f. Removal of infected mastoid cells		6. Stapes mobilization
_____g. Removal of all diseased tissue from mastoid area and middle ear		7. Simple mastoidectomy

8. State nursing interventions for caring for an ear-surgery patient.

a. Preoperative

1) ______________________________

2) ______________________________

3) ______________________________

4) ______________________________

b. Postoperative

1) ______________________________

2) ______________________________

3) ______________________________

4) ______________________________

5) ______________________________

6) ______________________________

7) ______________________________

8) ______________________________

9) ______________________________

10) ______________________________

11) ______________________________

TEST

9. Match to their correct descriptions diseases and disorders of the external, middle, and inner ear. Write the correct numbers in the blanks.

_____a. Formation of bony tissue that causes footplate of stapes to become fixed in oval window

_____b. Inflammation of ear

_____c. Recurrent progressive group of symptoms that include dizziness, tinnitis, nausea, and in some cases, degrees of deafness

_____d. Inflammation of mastoid bone

_____e. Inflammation of intricate communication passages within ear

1. Labyrinthitis
2. Mastoiditis
3. Otitis
4. Otosclerosis
5. Meniere's disease

10. Identify according to their symptoms and interventions diseases and disorders of the external, middle, and inner ear. Write the correct names in the blanks.

Tympanic membrane perforation
Otosclerosis
Meniere's disease
External otitis
Furunculosis
Tumors
Mastoiditis
Labyrinthitis
Otitis media

Disease/Disorder	Symptoms	Interventions
a.______________________ ______________________	*Adult —* Pain in ear Fever Feeling of fullness or plugged sensation in ear Hearing loss or difficulty in hearing Retraction or bulging of eardrum Magnification of ear and head noises *Young child —* Pulling of affected ear Rolling head from side to side Increased irritability	Administer prescribed nasal decongestants, oral analgesics, and systemic antibiotics Apply local heat Insert cotton wick in external ear after rupture to keep drainage of discharge from excoriating skin, and change as needed; note amount, color and odor of drainage

TEST

Disease/Disorder	Symptoms	Interventions
b.____________________ ______________________	Earache with tenderness over mastoid bone Fever Purulent, foul-smelling discharge	Administer prescribed antibiotics and/or sulfonamides Administer prescribed analgesics or sedatives as needed for pain or rest Provide care before and after myringotomy to drain eustachian tube, or mastoidectomy to remove damaged tissue
c.____________________ ______________________	Difficulty in hearing voices Hearing own voice louder than normal	Assist patient in adapting to restoration of hearing Provide care before and after stapedectomy
d.____________________ ______________________	Loss of hearing in affected ear Dizziness with nausea and vomiting Nystagmus aural Disturbance of equilibrium	Administer prescribed antibiotics to treat infection Maintain bed rest during attacks of vertigo Provide care before and after mastoidectomy if indicated
e.____________________ ______________________	*During attacks —* Dizziness and loss of equilibrium Tinnitus Reduced hearing Nausea during vertigo *Between attacks —* Tinnitus and impaired hearing Increased stress and fatigue	Assist with diagnostic tests Treat symptoms Provide low-sodium diet and administer prescribed diuretics to reduce edema Maintain bed rest during attacks Administer prescribed tranquilizers Have patient eliminate smoking and caffeine Provide pre- and postoperative care
f.____________________ ______________________	Scaling or crusting of tissue Redness Edema Itching Pain Watery or purulent discharge Difficulty in hearing	Administer prescribed analgesics Administer prescribed systemic or topical antibiotics Instill peroxide, oil, or eardrops as prescribed Apply cool or warm compresses as indicated

TEST

Disease/Disorder	Symptoms	Interventions
g.________________ ________________	Severe pain Feeling of fullness in affected area Impaired hearing Adenopathy Swelling and redness	Administer prescribed analgesics and antibiotics Apply local heat Remove drainage Assist in surgical drainage and care of excised area
h.________________ ________________	Loss of hearing Drainage Deep boring pain Peripheral facial paralysis in advanced stages	Assist in removal in early stages, and care post-operatively Care for patient after radiological treatment
i.________________ ________________	Diminished hearing Dizziness Nausea Vomiting	Caution patients to prevent water from entering ear canal Assist in care before and after tympanoplasty

11. State general nursing interventions for caring for patients with diseases and disorders of the ear.

a. ______________________________

____

b. ______________________________

____

c. ______________________________

____

d. ______________________________

____

e. ______________________________

____

f. ______________________________

____

TEST

g. ____

____

h. ____

____

(NOTE: Test question 12 lists the assignment sheet. It is an important part of the test. If it has not been completed, check with your instructor.)

12. Plan care for patients with diseases and disorders of the ear.

ASSESSMENT AND MANAGEMENT OF DISEASES AND DISORDERS OF THE EAR
UNIT IX

ANSWERS TO TEST

1. a. 2
   b. 4
   c. 6
   d. 1
   e. 5
   f. 3

2. a. Hearing loss
   b. Obstruction
   c. Infection
   d. Tumor

3. a. Frequent requests for repetitions
   b. Mispronunciation of words
   c. Failure to respond to sounds or spoken words
   d. Voice or speech peculiarities
   e. Inability to speak
   f. Headaches, ear noise, or drainage from ear
   g. Excessive loudness or softness of speech
   h. Inappropriate interpretation of conversation

4. Description should include the following
   a. Whispered spoken test
      1) Patient is instructed to cover one ear with hand
      2) Examiner stands at a specific distance from patient and whispers or speaks in a normal tone
      3) Patient is asked to repeat what examiner has said

ANSWERS TO TEST

b. Tuning fork test

1) Examiner tests patient for differentiation in tones made by vibrations when tuning fork is struck and held close to patient

2) Examiner can distinguish between any conductive or sensorineural hearing loss

c. Audiometry

1) Examiner uses an audiometer to test hearing

2) Examiner plots tones heard by patient on a chart or graph called an audiogram

5. a. 4
b. 1
c. 3
d. 2
e. 6
f. 5

6. b, c, e, f, h, j, k, l

7. a. 1
b. 3
c. 2
d. 6
e. 4
f. 7
g. 5

8. a. Preoperative

1) Shampoo patient's hair the day before surgery

2) Cleanse external ear and surrounding skin with prescribed solution

3) Explain postoperative instructions

4) Reassure patient that nursing personnel will be nearby to provide assistance when needed

ANSWERS TO TEST

b. Postoperative

1) Position patient as prescribed
2) Position bed flat or slightly elevated
3) Observe dressing for drainage or bleeding
4) Reinforce dressing as needed, but do not remove
5) Protect patient as indicated
6) Provide care slowly; do not move patient quickly
7) Instruct patient to breathe slowly and deeply through mouth during attacks of nausea to avoid vomiting
8) Observe for and report any signs of facial paralysis
9) Observe for symptoms of meningitis following mastoidectomy
10) Document status of hearing
11) Administer analgesics as needed

9. a. 4
   b. 3
   c. 5
   d. 2
   e. 1

10. a. Otitis media
    b. Mastoiditis
    c. Otosclerosis
    d. Labyrinthitis
    e. Meniere's disease
    f. External otitis

ANSWERS TO TEST

- g. Furunculosis
- h. Tumors
- i. Tympanic membrane perforation

11.
- a. Wash hands before and after caring for patient's ears
- b. Provide care for noninfected ear first
- c. Observe *strict* asepsis when middle ear or tympanic membrane has been opened surgically or by injury
- d. Provide adequate light so that external ear is easily observed
- e. Warm solutions to body temperature before instillation
- f. Do not insert any article such as a medicine dropper, applicator, or irrigation tip into ear canal beyond extent of your vision
- g. Teach patient how to care for ears
- h. Do not attempt to remove any foreign object from ear unless specifically directed by physician

12. Evaluated to the satisfaction of the instructor

ASSESSMENT AND MANAGEMENT OF DISEASES AND DISORDERS OF THE CARDIOVASCULAR SYSTEM
UNIT X

UNIT OBJECTIVE

After completing this unit, the student should be able to plan and provide care for patients with diseases and disorders of the cardiovascular system. The student will show this knowledge by completing the assignment sheet, job sheets, and unit test with a minimum score of 85 percent.

SPECIFIC OBJECTIVES

After completing this unit, the student should be able to

1. Match to their correct definitions terms associated with diseases and disorders of the cardiovascular system.
2. List common diseases and disorders that affect the cardiovascular system.
3. Select from a list general symptoms of cardiovascular diseases and disorders.
4. Match to their correct descriptions factors predisposing heart disease.
5. Identify according to their descriptions and purposes common diagnostic tests performed to assess heart function.
6. Match common blood and circulation tests to their correct purposes.
7. State general nursing interventions for patients undergoing diagnostic tests to assess heart function.
8. State nursing interventions for caring for patients with hypertension.
9. Match to their correct descriptions common infectious diseases that affect the heart.
10. Identify according to their symptoms and interventions common infectious diseases that affect the heart.
11. Match to their correct descriptions common valvular diseases and disorders that affect the heart.
12. Identify according to their symptoms and interventions common valvular diseases and disorders that affect the heart.
13. Identify common coronary artery diseases according to their symptoms and interventions.

OBJECTIVE SHEET

14. Match common compensation disorders to their correct descriptions.
15. Identify common compensation disorders according to their symptoms and interventions.
16. Distinguish between symptoms of hypokalemia and symptoms of hyponatremia.
17. Select from a list nursing interventions for caring for patients taking digitalis derivatives.
18. State nursing interventions for caring for patients with acute pulmonary edema.
19. Match common arrhythmias to their correct descriptions.
20. Describe methods of treating arrhythmias.
21. State nursing interventions for caring for a patient with a permanent pacemaker.
22. Match to their correct descriptions common diseases and disorders that affect the vessels.
23. Identify according to their symptoms and interventions common diseases and disorders that affect the vessels.
24. Match to their correct definitions common diseases and disorders that affect blood and lymph.
25. Identify according to their symptoms and interventions common diseases and disorders that affect blood and lymph.
26. State nursing interventions for caring for a patient undergoing a bone marrow puncture.
27. State nursing interventions for caring for a patient undergoing cardiovascular surgery.
28. Match to their correct descriptions common immunologic deficiency disorders found specifically in pediatric patients.
29. Identify according to their symptoms and interventions common immunologic deficiency disorders found specifically in pediatric patients.
30. Plan care for patients with diseases and disorders of the cardiovascular system.
31. Demonstrate the ability to
    a. Use rotating tourniquets.
    b. Administer heparin.

ASSESSMENT AND MANAGEMENT OF DISEASES AND DISORDERS OF THE CARDIOVASCULAR SYSTEM
UNIT X

SUGGESTED ACTIVITIES

I. Unit contents

   A. Objective sheet

   B. Suggested activities

   C. Information sheet

   D. Assignment Sheet #1 — Plan Care for Patients with Diseases and Disorders of the Cardiovascular System

   E. Answers to assignment sheet

   F. Job sheets

      1. Job Sheet #1 — Use Rotating Tourniquets

      2. Job Sheet #2 — Administer Heparin

   G. Test

   H. Answers to test

II. Instructor's guide

   A. Obtain or order materials to supplement unit.

      1. Films

         (NOTE: The following films are available from the American Heart Association, 7320 Greenville Avenue, Dallas, Texas 75231. Oklahoma instructors can contact the Oklahoma Heart Association at P.O. Box 11376, Oklahoma City, Oklahoma 73111.)

         a. *Arteriosclerosis*

         b. *Prevention of Disability from Strokes*

         c. *Coronary Heart Disease*

         d. *Myocardial Infarction*

         e. *Rheumatic Fever*

         f. *Varicose Veins*

SUGGESTED ACTIVITIES

2. Filmstrips

   (NOTE: The following filmstrips are available from the Trainex Corporation, P.O. Box 116, Garden Grove, California 92642.)

   a. *Central Venous Pressure Monitoring*
   b. *Care of the Patient with Leukemia*
   c. *Introduction to Arrhythmias*
   d. *How to Take an Electrocardiogram*
   e. *Rotating Tourniquets*
   f. *Myocardial Infarction: Nursing Care*
   g. *My Heart Attack*
   h. *Heart Block I: Theory and ECG Recognition*
   i. *Heart Block II: Patient Care*
   j. *Ventricular Arrhythmias*
   k. *Understanding Your Patient's Artificial Pacemaker*
   l. *Care for Your Patient with a Permanent Pacemaker*
   m. *Understanding Catheter Insertion and Adjustment of Temporary Pacers*
   n. *Temporary Pacers: Troubleshooting*

3. Pamphlets and brochures addressing diseases and disorders of the cardiovascular system

   (NOTE: Pamphlets and brochures may be obtained by contacting the state heart association. In Oklahoma, instructors may write to the Oklahoma Heart Association, P.O. Box 11376, Oklahoma City, Oklahoma 73111.)

4. Resource materials

   a. American Heart Association, National Center, 7320 Greenville Avenue, Dallas, Texas 75231.
   b. Leukemia Society of America, Inc., Oklahoma Chapter, 3022 Northwest Expressway, Oklahoma City, Oklahoma 73112.

SUGGESTED ACTIVITIES

B. Introduce unit by having students review the normal anatomy and physiology of the vascular system, using the Unit IX test from *Practical Nursing: Volume I,* "Circulatory System and Vital Signs," page 961-C.

C. Stress the importance of understanding the heart's function and how early detection of cardiac diseases and disorders can prevent serious, irreparable damage.

D. Provide students with objective sheet.

E. Discuss unit and specific objectives.

F. Provide students with information, assignment, and job sheets.

G. Discuss information, assignment, and job sheets.

1. Discuss Information Sheet, Sections I and II. Present current information concerning the increase in cardiovascular disease and the types of diseases and disorders that affect the cardiovascular system.

   SUGGESTIONS:

   - Post articles from magazines, newspapers, and journals that describe cardiac diseases and their causes and treatment.
   - Provide statistics from the American Heart Association that indicate the increase in heart diseases and disorders, especially in women and younger individuals.

2. Discuss Information Sheet, Sections III and IV, stressing information concerning predisposing factors in heart disease and the importance of early assessment of symptoms of cardiovascular diseases and disorders.

   SUGGESTIONS:

   - Ask a cardiologist to speak to the class about the most current information on factors that may predispose a heart to disease.
   - Show film *Arteriosclerosis,* and discuss theories on causes.

3. Discuss types of diagnostic tests and the nurse's role in preparing a patient for such tests. Use Information Sheet, Sections V through VII.

   SUGGESTIONS:

   - Take a field trip to a clinical facility to view the various types of diagnostic tests used to assess the cardiovascular system.

SUGGESTED ACTIVITIES

- Show filmstrip *How to Take an Electrocardiogram,* and discuss the importance of the nurse's recognizing irregularities. Review procedure for applying leads for a cardiac monitor in care of the critically ill patient, Unit IV in *Practical Nursing: Volume II.*

- Obtain permission for students to view a cardiac catheterization, and stress post care by the nurse.

- Obtain copies of old laboratory studies. Review blood values that may indicate cardiovascular diseases or disorders. Stress the importance of nurses' identifying these abnormal values and quickly intervening to prevent more serious complications.

4. Stress the early diagnosis and the importance of follow-up when caring for a hypertensive patient. Use Information Sheet, Section VIII.

SUGGESTIONS:

- Have students set up a blood pressure screening for the school or community.

- Review hypotensive drugs and their effects and side effects on the patient.

5. Reinforce Information Sheet, Sections IX through XII concerning the effects that infectious diseases have on the heart and the prevention of serious valve damage when detected early.

SUGGESTIONS:

- Show film *Rheumatic Fever,* and discuss the importance of good care for the child with this disease to prevent valve damage in adulthood.

- Obtain an animal heart and show the valves that can be affected by rheumatic fever.

6. Discuss Information Sheet, Section XIII. Stress the difference between angina pectoris and a myocardial infarction.

SUGGESTIONS:

- Show films *Myocardial Infarction: Nursing Care* and *My Heart Attack*; discuss the importance of recognizing a true myocardial infarction.

- Review the use of nitroglycerin and other cardiac drugs used for coronary artery diseases.

SUGGESTED ACTIVITIES

7. Emphasize Information Sheet, Sections XIV through XVIII, concerning the treatment of compensation disorders and the need to recognize early symptoms. Use Part I of Assignment Sheet #1 and Job Sheet #1.

   SUGGESTIONS:

   - Have students develop care plans for patients with congestive heart failure.
   - Review the use of digitalis drugs, and stress the need for extreme accuracy.
   - Use Job Sheet #1 to teach students to use rotating tourniquets in the treatment of patients with pulmonary edema as a complication of congestive heart failure. Show filmstrip *Rotating Tourniquets* to supplement the job sheet.
   - Show filmstrips *Heart Block I: Theory and ECG Recognition* and *Heart Block II: Patient Care.*

8. Discuss Information Sheet, Sections XIX through XXI. Encourage students to learn to distinguish between various types of arrhythmias and to intervene accordingly.

   SUGGESTIONS:

   - Show filmstrip *Introduction to Arrhythmias*, and discuss why it is important to recognize an abnormal rhythm and to act immediately.
   - Invite a coronary care nurse or an intensive care nurse to speak to the class on cardiac monitoring as it relates to assessment of patient's vascular status.
   - Review the use of cardiovascular drugs to treat arrhythmias.
   - Show filmstrips *Understanding Your Patient's Artificial Pacemaker*, *Understanding Catheter Insertion and Adjustment of Temporary Pacers*, and *Temporary Pacers: Troubleshooting.*
   - Obtain permission for students to observe the insertion of a pacemaker.

SUGGESTED ACTIVITIES

9. Help students distinguish among the various diseases and disorders that affect the blood vessels. Use Information Sheet, Sections XXII and XXIII.

   SUGGESTIONS:

   - Show film *Varicose Veins*, and discuss causes and treatment.
   - Show pictures of patients with Raynaud's disease; discuss nursing care.
   - Discuss the differences in embolism, phlebitis, and thrombophlebitis, and their treatments.
   - Review the use of anticoagulants in treating vascular disorders. Use Job Sheet #2 to teach administration of heparin.

10. Discuss Information Sheet, Sections XXIV and XXV, emphasizing the positive results that have occurred in the treatment of diseases and disorders that affect blood and lymph. Use Part II of Assignment Sheet #1 to allow students to practice planning care for a patient with anemia.

    SUGGESTIONS:

    - Show film *Care of the Patient with Leukemia*, and discuss new drugs and their uses in the remission of this condition.
    - Ask a vascular specialist to visit the class to discuss types of anemias and current treatments.

11. Discuss Information Sheet, Section XXVI, stressing the importance of the nurse's role in caring for a patient undergoing a bone marrow puncture.

    SUGGESTIONS:

    - Obtain a bone marrow puncture tray. Demonstrate the use of the equipment and ways that the nurse can assist the physician.
    - Obtain permission for students to observe a bone marrow puncture.

12. Discuss Information Sheet, Section XXVII. Provide students with the opportunity to perform nursing interventions in caring for patients undergoing cardiovascular surgery.

    SUGGESTIONS:

    - Rotate students through an ICU or CCU, assigning them patients in various stages of cardiac surgery recovery.
    - Obtain permission for students to observe open heart surgery and to discuss the critical care given pre- and postoperatively.

SUGGESTED ACTIVITIES

13. Discuss Information Sheet, Sections XXVIII and XXIX. Reinforce the need for nurses to support families of pediatric patients with immunologic deficiency disorders.

    SUGGESTIONS:

    - Review the emotional problems that parents of an ill child face, and discuss ways of dealing with these problems.
    - Review the need for absolute accuracy in the use of blood and blood products.

H. Give test.

I. Reteach and retest if necessary.

III. Unit references

A. Brunner, Lillian Sholtis, and Doris Smith Suddarth. *The Lippincott Manual of Nursing Practice,* 3rd ed. Philadelphia: J.B. Lippincott, 1982.

B. Rogers, Helen V. *Nursing III: A Course of Study.* Stillwater, Oklahoma: State Department of Vocational and Technical Education/Curriculum and Instructional Materials Center, 1976.

C. Rosdahl, Caroline Bunker. *Textbook of Basic Nursing.* Philadelphia: J.B. Lippincott, 1981.

D. Scherer, Jeanne. *Introductory Medical-Surgical Nursing,* 3rd ed. Philadelphia: J.B. Lippincott, 1982.

E. Whaley, Lucille F., and Donna L. Wong. *Essentials of Pediatric Nursing.* St. Louis: The C.V. Mosby Company, 1982.

ASSESSMENT AND MANAGEMENT OF DISEASES AND DISORDERS OF THE CARDIOVASCULAR SYSTEM
UNIT X

INFORMATION SHEET

I. Terms and definitions

A. Sequela — Condition following and resulting from a disease

B. Chorea — Nervous condition marked by involuntary muscular twitching of limbs or facial muscles

(NOTE: Chorea may be seen in a number of diseases and disorders including rheumatic fever, Huntington's, senility, and gravidarum in pregnant women.)

C. Petechia (plural, petechiae) — Minute rounded spot of hemorrhage in a surface such as the skin or mucous membrane

D. Angina pectoris — Acute precordial pain that may radiate to neck, throat, and left arm

E. Precordial — Referring to the precordium or area on anterior surface of body overlying the heart and lower part of thorax

F. Electrical defibrillation — Passage of an electric current through the patient's heart in an attempt to convert from a ventricular arrhythmia to a regular beat; cardioversion

G. Arrhythmia — Irregularity or loss of cardiac rhythm

(NOTE: Many rate disturbances such as bradycardia and tachycardia are classified as arrhythmias in many coronary care manuals. All nurses must have a basic understanding of the different arrhythmias and be able to identify abnormal patterns on cardiac monitors so that immediate interventions can take place. Nurses working in coronary care units will be specially trained to interpret and intervene when arrhythmias occur.)

H. Ascites — Accumulation of serous fluid in the peritoneal cavity

I. Pacemaker — Mechanical device that aids or replaces the sinoatrial node to stimulate and regulate the heartbeat

(NOTE: Pacemakers have been developed that can be permanently and quickly implanted under local anesthetic with a minimum of surgical risk. Pacemakers can also be used outside the body for temporary stimulus until effective cardiac output can be returned through treatment.)

INFORMATION SHEET

J. Myocardial infarction — Development of an area of necrosing tissue in myocardium; usually the result of ischemia following an occlusion of a coronary artery

K. Hypokalemia — Decreased concentration of potassium in circulating blood

L. Hyponatremia — Decreased concentration of sodium in blood

M. Ecchymosis — Large, irregularly formed hemorrhagic area of the skin or mucous membrane

N. Ischemia — Local and temporary deficiency of blood supply due to inadequate circulation

II. Common diseases and disorders that affect the cardiovascular system

A. Functional heart diseases

EXAMPLE: Malignant hypertension

(NOTE: Anxiety can cause irregular heart rates and various types of hypertension that may lead to more serious heart damage.)

B. Infectious/inflammatory diseases

EXAMPLES: Bacterial endocarditis, rheumatic fever

C. Coronary artery diseases (ischemic heart disorders)

EXAMPLES: Angina pectoris, myocardial infarction

D. Compensation disorders

EXAMPLES: Congestive heart failure, arrhythmias

E. Blood vessel diseases and disorders

EXAMPLE: Aneurysms

F. Peripheral vascular diseases and disorders

EXAMPLES: Embolisms, Raynaud's disease

G. Blood and lymph diseases and disorders

EXAMPLES: Anemias, leukemia, Hodgkin's disease, idiopathic thrombocytopenic purperia

INFORMATION SHEET

III. General symptoms of cardiovascular diseases and disorders

A. Weight gain caused from fluid retention in tissues

B. High or low blood pressure

C. Dyspnea

D. Cough

E. Cyanosis

F. Change in rate, quality, and rhythm of pulse

G. Edema in feet and ankles

H. Pain

(NOTE: Pain may occur in the chest area, arms, neck, and throat.)

IV. Descriptions of factors predisposing heart disease

A. Atherosclerosis — Narrowing of lumen and hardening of vessel walls; caused by accumulated deposits of yellow fat and minerals

(NOTE: Although there are many theories as to what causes atherosclerosis, cholesterol in large amounts in the diet is thought to be a major cause.)

B. Arteriosclerosis — Thickening, hardening, and loss of elasticity in artery walls; cause is unknown

(NOTE: At this time, factors in the environment and chemical, psychological, physiological, or genetic elements are thought to be important in determining a person's chances of developing arteriosclerosis.)

C. Hypertension — Elevation of blood pressure over what is judged as normal; caused by a variety of factors

(NOTE: Hypertension may be due to many factors. Anxiety and stress can lead to a functional type of hypertension that may cause heart damage if not treated. A malignant type of hypertension is a dangerous condition that progresses rapidly and is accompanied by severe vascular damage if not treated.)

INFORMATION SHEET

V. Common diagnostic tests performed to assess heart function (Table 1)

(NOTE: A routine physical examination that includes percussion, palpation, auscultation, and blood pressure can initially aid in diagnosing a cardiovascular condition.)

TABLE 1

Diagnostic Test	Description	Purpose
Electrocardiogram	Electrodes are placed on specified body parts to pick up electrical impulses of the heart and provide a graph of heart activity	Studies activity of heart muscle Records changes in heart rhythm and rate; detects cardiac damage
Echocardiogram	Sound waves are used to produce a two- or three-dimensional view of heart and blood flow	Assesses size of heart Detects presence of excess fluid in pericardial sac Measures size of heart chambers
Nuclear scan	Thallium is injected into a selected vein; after ten minutes' absorption time, a scanner is used to pick up images of heart (NOTE: An additional procedure used with the nuclear scan is the stress method. After the thallium is injected, the patient is asked to pump a small pedal device, as on a bicycle, to a maximum stress stage. Images are taken five minutes later.)	Obtains images in anterior, left anterior, oblique, and left lateral positions
Cardiac catheterization	Catheter is introduced into a blood vessel and opaque dye is passed into the vena cava, right atrium, right ventricle, and pulmonary artery for visualization through radiography	Measures pressure as it passes through chambers of heart, and determines oxygen content of blood as it passes through structures of heart Checks for defects
Coronary angiography	Opaque dye is injected through a cardiac catheter via a selected large vessel to permit visualization of heart	Aids in diagnosing congenital heart defects, and structural defects of heart, valves, and large vessels

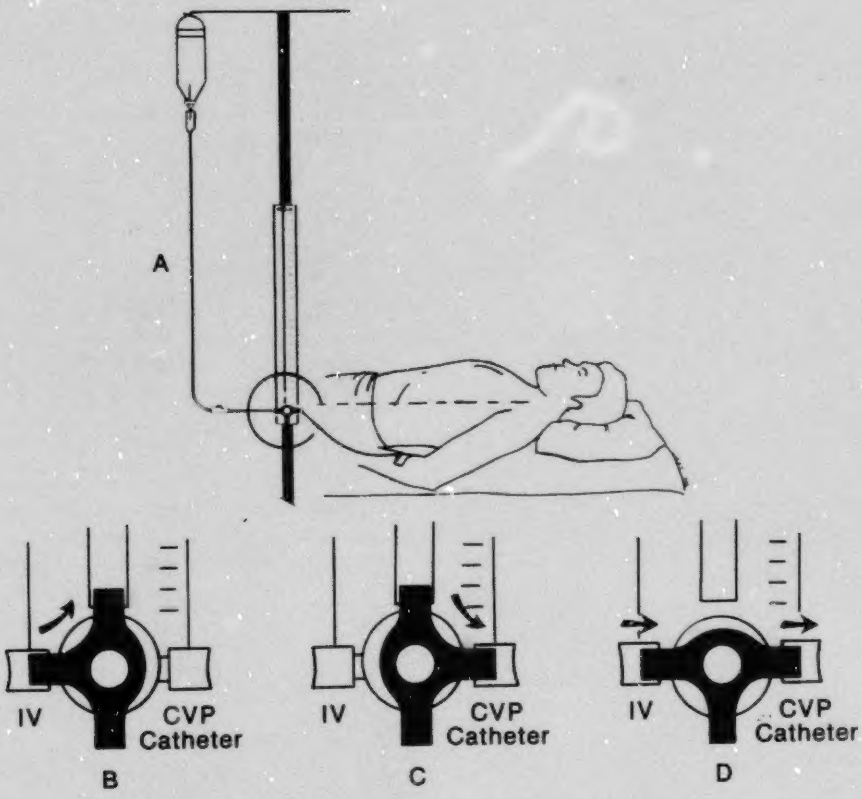
INFORMATION SHEET

Diagnostic Test	Description	Purpose
Coronary arteriography	Opaque dye is injected through a cardiac catheter into coronary arteries for visualization	Aids in diagnosing coronary artery malfunction or occlusion
Treadmill (stress test)	Stress to heart function is monitored as patient performs walking or pacing exercises on a moving track	Determines amount of stress tolerated by heart
Central venous pressure (CVP) (See Figure 1)	Small catheter is passed through a vein into superior to inferior vena cava and attached to a manometer filled with solution that fluctuates according to condition of heart	Measures pressure in right atrium (NOTE: An increase in pressure may indicate weakening heart action and impending failure; a decrease may indicate a need for additional fluid for circulation.)
Swan-Ganz catheterization	Catheter with a balloon near the tip is passed through a vein into the right heart into pulmonary artery; balloon is inflated enough to block the flow of blood from right heart to lung	Measures the back pressure in pulmonary artery and the pressure transmitted back from left arterial chamber of heart (NOTE: The Swan-Ganz catheter also permits measurement of pulmonary pressure [*wedge pressure*] in an occluded vessel.)

INFORMATION SHEET

EXAMPLE:

FIGURE 1



(NOTE: The CVP reading is taken with the zero point of the manometer at the midaxillary line, the level of the patient's heart. This line serves as a baseline for future readings. The procedure for measuring CVP is as follows: turn stopcock so that manometer fills with fluid above the level of expected pressure [B]; turn stopcock so that IV is off so that fluid in the manometer flows to the patient and a reading can be taken after the fluid stabilizes [C]; turn stopcock to resume the IV flow to the patient [D]. Fluid levels fluctuate with respirations, coughing, or straining. There are a variety of CVP monitors available, and instructions should be followed for the specific model being used.)

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INFORMATION SHEET

VI. Purposes of common blood and circulation tests

   A. Prothrombin time (protime) — Indicates first stage of blood clotting time

      (NOTE: This test is important to assess clotting time if patient is on anticoagulant therapy. The nurse should always watch for signs of bleeding.)

   B. Circulation time — Indicates length of time required for blood from an arm vein to reach the tongue or lungs

      (NOTE: A substance is injected into a vein in the arm and the length of time is measured until patient tastes or smells the substance. Average arm-to-tongue time is nine to sixteen seconds and average arm-to-lung time is eleven seconds.)

   C. Clotting time — Indicates length of time it takes for patient's blood to form a clot

   D. Sedimentation rate — Indicates length of time required for blood cells to settle in an anticoagulant solution

      (NOTE: The normal sedimentation rate is about five minutes per millimeter but increases as a result of inflammatory processes in diseases.)

   E. Blood culture and sensitivity — Indicates types of organisms present in patient's blood, and indicates which antibiotics would be most effective in fighting a specific organism

      (NOTE: The nurse should always be aware of changes in vital signs that might indicate a systemic infection. The blood should be drawn while the patient is experiencing the most severe symptoms, such as increased temperature or chilling. It is the nurse's responsibility to notify the lab to draw the specimen.)

VII. General nursing interventions for patients undergoing diagnostic tests to assess heart function

   A. Electrocardiogram

      1. Explain procedure to patient

      2. Reassure patient that the procedure is not painful and that he or she will not receive any electric current

      3. Note on chart and EKG requisition whether patient is receiving a cardiac medication

INFORMATION SHEET

B. Echocardiogram

1. Explain procedure to patient
2. Reassure patient that radiation is not used in this type of test

C. Nuclear scan

1. Make sure that patient is NPO at least two to three hours before procedure
2. Explain procedure to patient
3. Observe for any reactions to thallium after procedure

   EXAMPLE: Light flushing may appear in patient after the procedure.

D. Cardiac catheterization

(NOTE: Coronary angiography and coronary arteriography are accomplished through cardiac catheterization. The preparation for both procedures is usually very similar.)

1. Explain procedure to patient
2. Obtain a completed informed consent prior to procedure
3. Omit patient's breakfast the morning of procedure

   (NOTE: Check the procedure book for NPO restrictions and any special preps.)
4. Instruct patient to void before going to radiology department
5. Maintain bed rest for prescribed time following procedure
6. Observe for any bleeding

   (NOTE: There may be special treatments for the area where the injection or catheterization has been performed. These treatments aid in the control of bleeding and swelling.)
7. Observe color and skin temperature of extremity
8. Check for presence or absence of pulse in extremity
9. Take vital signs as indicated

INFORMATION SHEET

10. Position patient as indicated

    EXAMPLE: If femoral area has been used, instruct patient not to bend the leg or flex the hip in that extremity for at least six hours.

E. Treadmill (stress test)

1. Explain procedure to patient

2. Monitor patient's vital signs after procedure

VIII. Nursing interventions for caring for patients with hypertension

(NOTE: In acute hypertension, antihypertensive drugs and diuretics are given as the patient is carefully assessed and observed for cardiovascular and renal damage. In chronic hypertension, the patient may be maintained on antihypertensive drugs, and a low-sodium diet is encouraged.)

A. Observe patient carefully for any side effects from antihypertensive drugs

(NOTE: Drugs act to relax the constricted arterioles so that high arterial peripheral resistance is reduced. Nurses should be aware of side effects specific to the antihypertensive drugs and should report untoward symptoms.)

B. Assist patient in selecting diet low in sodium

EXAMPLES: Instruct patient how to select foods low in sodium, how to check labels for forms of sodium, and how to substitute spices for sodium.

C. Assist patient in a weight reduction program if needed

D. Counsel patient in a program of good health habits, including sleep, exercise, and relaxation techniques

IX. Descriptions of common infectious diseases that affect the heart

A. Rheumatic fever — Disease resulting from a sequela of infection by group A beta hemolytic streptococci

(NOTE: This disease usually occurs in children between the ages of five and fifteen years and may lead to chronic heart disease in adults; most common result is mitral stenosis between the left atrium and left ventricle of the heart.)

B. Bacterial endocarditis — Disease caused by an attack of microorganisms into the endocardium that can be fatal if not treated; may cause acute destructive valvular lesions

C. Pericarditis — Disease caused by infection, trauma, or neoplasms that affect the pericardium; results in epicardium and pericardium adhering, and may lead to chronic constrictive condition

INFORMATION SHEET

X. Symptoms and interventions for common infectious diseases that affect the heart (Table 2)

TABLE 2

Disease	Symptoms	Interventions
Rheumatic fever	Subcutaneous nodules Increased sedimentation rate Leukocytosis and anemia Cardiac rhythm disturbances Abnormal heart sounds C-reactive protein in blood Fatigue Anorexia Weight loss Malaise Low-grade fever Swelling, inflammation, and pain that moves from joint to joint (migratory polyarthritis) Abdominal pain Rash appearing as giant hives but without itching Choreiform movements Cardiac involvement, including myocarditis, pericarditis, and scar formation in valve ring	Maintain complete bed rest Administer prescribed antibiotics, salicylates, corticosteroids as indicated Encourage frequent small meals with an increase in fluids Handle joints gently, and position with pillows to relieve discomfort Provide emotional support Discuss with family any long-term care plans to prevent infections and possible damage to heart Assess cardiac status through vital signs, heart tones, and peripheral pulses
Bacterial endocarditis (NOTE: People most vulnerable to the development of this disease have had heart valve damage.)	*Early—* Splinter hemorrhage of nail beds of fingers *Later—* Slight fever, malaise, and fatigue Muddy, sallow complexion Increased fever, often accompanied by chills and diaphoresis Weakness Anorexia Weight loss Petechiae Anemia Clubbing of fingers and toes, embolism, and heart murmurs in later stages of disease	Administer large doses of prescribed antibiotics Maintain bed rest in acute stage Encourage intake of foods and fluids Observe vital signs, especially temperature Observe for signs of embolism

INFORMATION SHEET

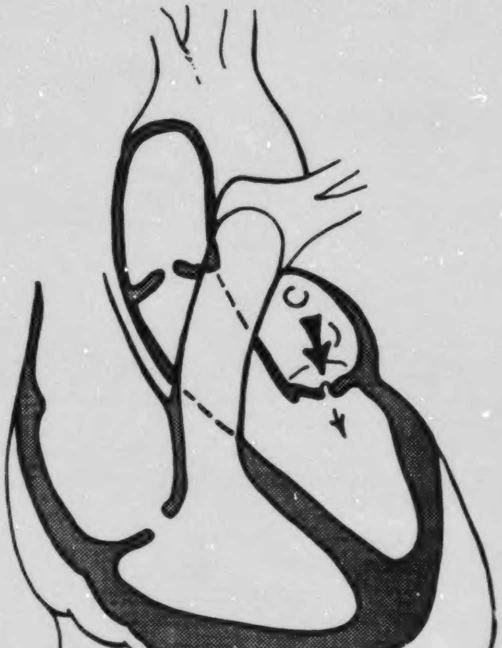
Disease	Symptoms	Interventions
Pericarditis	Sharp pain similar to pain of acute myocardial infarction increased by rotating chest or deep breathing but relieved by sitting up and leaning forward Dilation of heart seen on x-ray Pulse weaker on deep inspiration (paradoxical pulse) if congestive heart occurs	Observe coronary precautions until MI is ruled out Maintain bed rest Administer prescribed analgesics, antipyretics, and antibiotics as indicated

XI. Common valvular diseases and disorders that affect the heart (Figures 2 and 3)

A. Mitral stenosis — Narrowing of valve caused by a thickening of the leaflets; prevents blood from flowing from left atrium into left ventricle; can cause congestive heart failure

EXAMPLE:

FIGURE 2

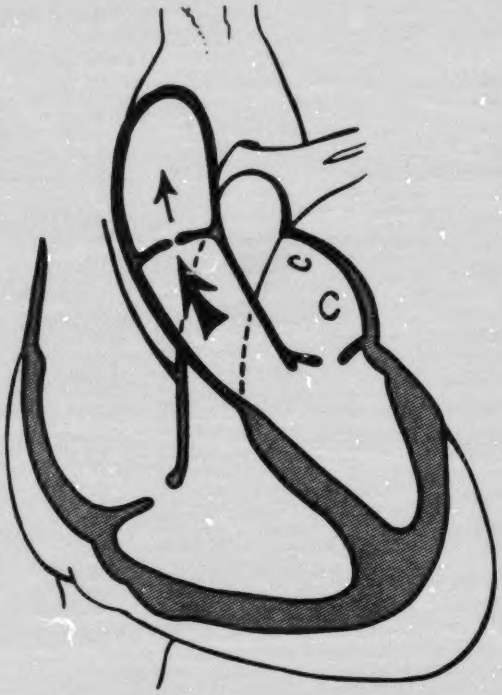


INFORMATION SHEET

B. Aortic stenosis — Thickening of the three leaf valves; increases work of left ventricle; may eventually lead to calcification of valve

EXAMPLE:

FIGURE 3



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INFORMATION SHEET

XII. Symptoms and interventions for common valvular diseases and disorders that affect the heart (Table 3)

TABLE 3

Disease or Disorder	Symptoms	Interventions
Mitral stenosis	Congestion of lungs and liver Edema of legs Fatigue Dyspnea Decrease in systolic blood pressure Emaciated appearance	Advise limits of activity Give patient instructions for decreasing sodium intake Administer prescribed digitalis derivatives and diuretics Assist in pre- and postoperative care if surgery to break the valve leaves apart (mitral commissurotomy) or valve replacement is required
Aortic stenosis	Dizziness Anginal pain Weak radial pulse Enlarged heart	Assist in pre- and postoperative care for valve replacement

XIII. Symptoms and interventions for common coronary artery diseases (Table 4)

TABLE 4

Disease	Symptoms	Interventions
Angina pectoris (NOTE: Angina usually occurs suddenly when there is extra exertion that calls for an increase in the blood supply to the heart that narrowed vessels cannot provide.)	Severe pain over heart that may spread to shoulder, left arm, or jaw Pale color Syncope Dyspnea (NOTE: If angina pain lasts for more than fifteen minutes, it should be treated as an MI until proven otherwise. Exercise, eating, emotions, and exposure can produce symptoms.)	Administer prescribed nitroglycerin tablets sublingual as soon as attack begins, and instruct patient to carry tablets at all times Assist to comfortable position Administer prescribed oxygen Assess vital signs Provide emotional support

INFORMATION SHEET

Disease	Symptoms	Interventions
Myocardial infarction	Severe pain and constriction in chest, often radiating to arm, shoulder, teeth, jaw, or throat, especially on left side Restlessness Ashen, cold, clammy skin Dyspnea Cyanosis Arrythmias Indigestion Diaphoresis Nausea and vomiting Anxiety Decrease in blood pressure Decrease in body temperature, followed by an elevation in temperature after approximately four days	*Emergency—* Insist on complete rest Call for help Loosen tight clothing Place support under patient's head and upper back to aid in breathing Keep patient flat if in shock Be prepared to begin resuscitation if needed *In-hospital care—* Assess vital signs and EKGs frequently Assess I & O Report and document any symptoms of dyspnea, chest pain, or anxiety Minimize stress and maintain bed rest in acute phase Administer prescribed analgesics, anticoagulants, and stool softeners as indicated Administer prescribed oxygen Assist in planning home care when patient is discharged

XIV. Descriptions of common compensation disorders

(NOTE: These compensation disorders affect the heart's pumping action.)

A. Congestive heart failure — Impaired cardiac performance due to "pump" failure resulting in pulmonary edema

B. Heart block — Failure of conductile tissue of heart to normally conduct impulses from atrium to ventricles

(NOTE: Heart block is not a disease in itself but is associated with many types of heart diseases. Rheumatic heart disease and those diseases that affect the coronary arteries are two that can cause heart block.)

C. Ventricular fibrillation — Erratic electrical activity in heart resulting in ineffective cardiac performance

(NOTE: If the ventricular fibrillation is not treated, cardiac arrest will occur. Treatment includes external or internal cardiac compression and/or electrical defibrillation or cardioversion.)

INFORMATION SHEET

XV. Symptoms and interventions for common compensation disorders (Table 5; Job Sheet #1)

TABLE 5

Disorder	Symptoms	Interventions
Congestive heart failure	Excessive fatigue Persistent cough Dependent edema in ankles Sudden weight gain due to edema Ascites *Left-side failure—* Pulmonary edema Cough with loose, moist rales Dyspnea Nocturia Palpitation Paroxysmal dyspnea followed by expectoration of blood-streaked sputum *Right-side failure—* Edema of feet and legs Numbness or tingling in fingers Cyanosis Visible engorgement of neck veins Tachycardia	Maintain bed rest in position of comfort Administer prescribed diuretics, morphine, and cardiotonic glycosides Restrict intake of sodium and fluids Measure I & O Record patient's weight at the same time each day Administer prescribed oxygen as needed Assist with abdominal paracentesis or thoracentesis to drain excess fluids Use rotating tourniquets to reduce amount of blood that must be circulated by overworked heart Observe for symptoms of digitalis-induced toxicity Assist with intermittent positive-pressure breathing treatments Assist with administration of prescribed medications
Heart block	Drop in heart rate below 60 Irregular heartbeat with weakened contractions Loss of consciousness at times	Monitor vital signs and EKGs Observe levels of consciousness Assist in pre- and postoperative care of patient if electronic pacemaker is inserted
Ventricular fibrillation	Loss of peripheral pulses Hypotension Loss of consciousness Seizures	Initiate CPR Assist with or apply cardioversion

XVI. Symptoms of hypokalemia and hyponatremia

(NOTE: The use of diuretics in patients with congestive heart failure can produce electrolyte disturbances. The intake and output of these patients must be monitored very carefully.)

INFORMATION SHEET

A. Hypokalemia

1. Cardiac arrhythmias
2. Postural hypotension
3. Abdominal distention and possibly paralytic ileus
4. Thirst
5. Shallow respirations
6. Muscle cramps
7. Muscle weakness
8. Anorexia

B. Hyponatremia

1. Oliguria, anuria
2. Decreased skin turgor
3. Dry mucous membranes
4. Apprehension
5. Tachycardia
6. Hypotension

XVII. Nursing interventions for caring for patients taking digitalis derivatives

A. Know all strengths and usual dosages of preparation

B. Read labels carefully before administering preparations

C. Observe for symptoms of digitalis-induced toxicity and notify physician

EXAMPLES: Anorexia, nausea and vomiting, halos around dark objects, diarrhea, abdominal discomfort, cardiac arrhythmias

D. Take apical pulse for a full minute; if pulse is below 60, do not administer the medication without physician's order

E. Maintain strict intake and output, and document

F. Weigh patient at same time each day and note any gain

INFORMATION SHEET

XVIII. Nursing interventions for caring for patients with acute pulmonary edema (Assignment Sheet #1; Job Sheet #1)

A. Administer ordered medications to relieve patient's anxiety and to improve oxygen supply and reduce oxygen demand

(NOTE: Patients with pulmonary edema become very anxious as the fluid collects and their breathing becomes difficult. The patient can actually drown in the secretions if actions are not taken.)

B. Reassure patient and assess vital signs frequently

C. Administer prescribed oxygen

D. Assist with IPPB treatments

E. Administer medications as ordered for rapid digitalization and diuresis

F. Insert urinary retention catheter as ordered

G. Observe carefully for digitalis-induced toxicity

H. Apply rotating tourniquets if ordered by physician

I. Position in semi-Fowler's with arms supported

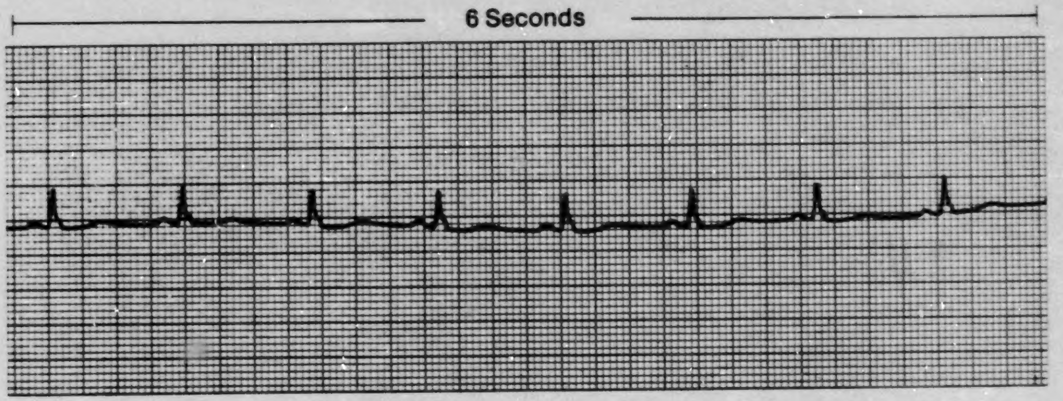
J. Slow IV fluids to "keep open" rate

XIX. Descriptions of common arrhythmias (Figures 4-10)

(NOTE: A normal sinus rhythm occurs with a normal rate of 60 to 100 beats. A regular pattern is seen on a basic EKG tracing.)

EXAMPLE: 80/minute

FIGURE 4



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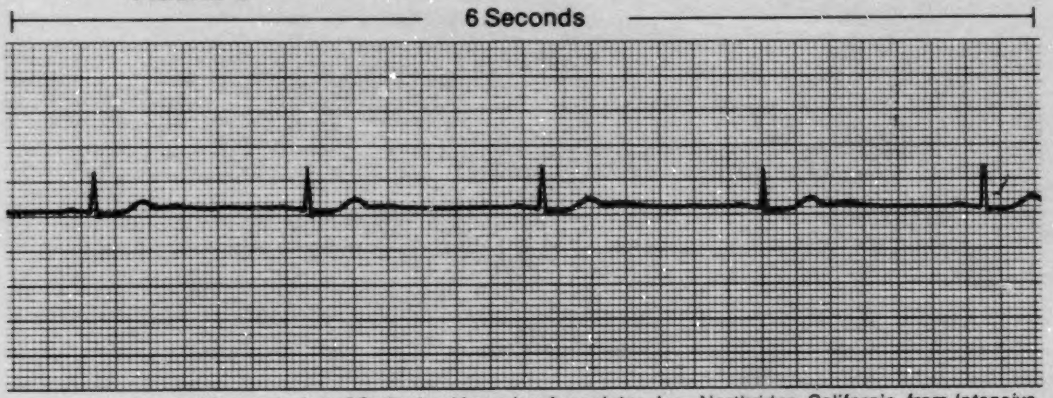
INFORMATION SHEET

A. Sinus bradycardia — Pacemaker at S-A node with rate below 60 and a regular rhythm

(NOTE: Sinus bradycardia can be seen in athletes and laborers who have normally enlarged hearts from strenuous exercise. Increased cranial pressure, hypothyroidism, digitalis toxicity, and emotional states can also cause sinus bradycardia.)

EXAMPLE: 50/minute

FIGURE 5



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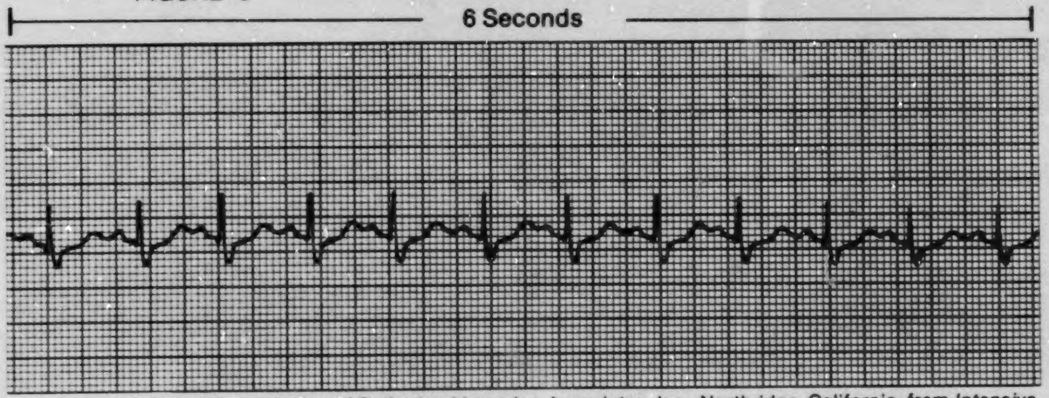
B. Sinus tachycardia — Pacemaker at S-A node with regular rate but above 100 beats per minute

(NOTE: Sinus tachycardia can increase the workload of the heart to the point of decompensation. This condition can occur in normal hearts as a result of physiologic responses to pain, fever, hemorrhage, shock, anemia, strenuous exercise, or strong emotions. Increased heart rate that often accompanies myocardial infarction or coronary artery disease can cause cardiac insufficiency.)

EXAMPLE: 120/minute

FIGURE 6



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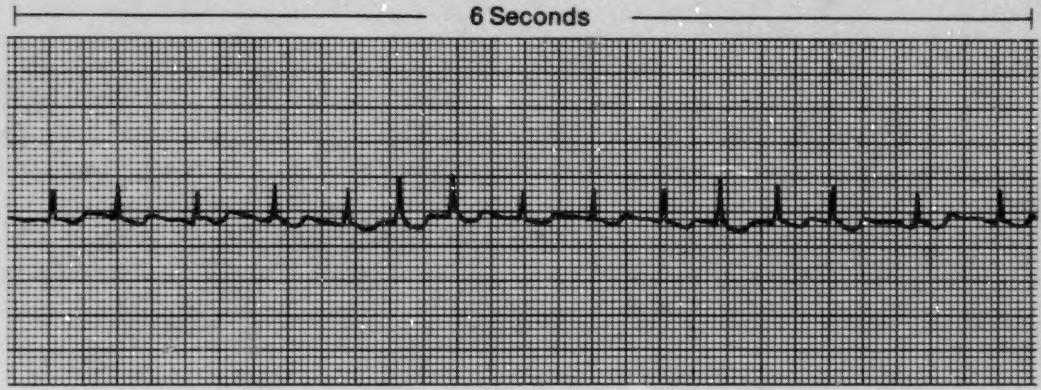
INFORMATION SHEET

C. Atrial fibrillation (flutter) — Disorganized rapid atrial activity occurring with quivering of atria rather than contractions

(NOTE: At the time of atrial fibrillation, a pulse deficit occurs. Taking both radial and apical pulse is essential.)

EXAMPLE: Atrial fibrillation with an uncontrolled ventricular rate (150/minute)

FIGURE 7



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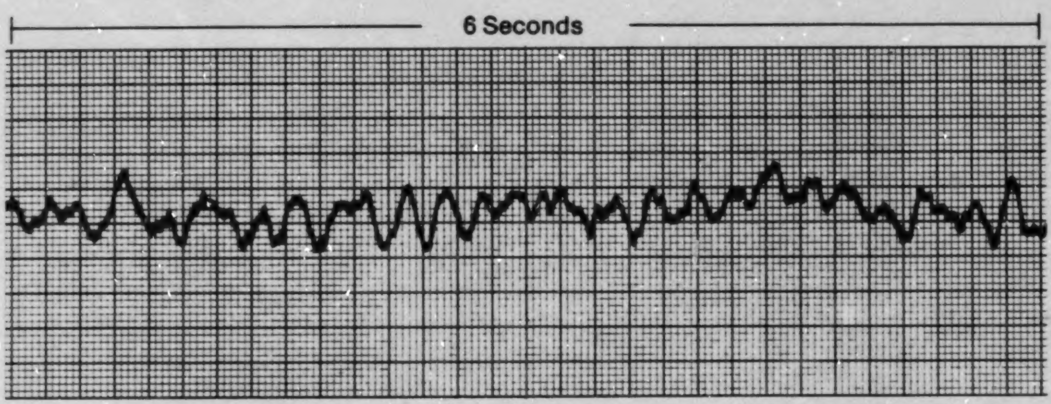
D. Ventricular fibrillation (flutter) — Disorganized, rapid, tremulous, and ineffective contractions of ventricles

(NOTE: Ventricular fibrillation may occur from the effects of certain drugs such as digitalis, or from mechanical injury to the heart, occlusion of the coronary vessels, or electrical stimuli.)

EXAMPLE: Ventricular fibrillation with an unidentifiable rate

FIGURE 8



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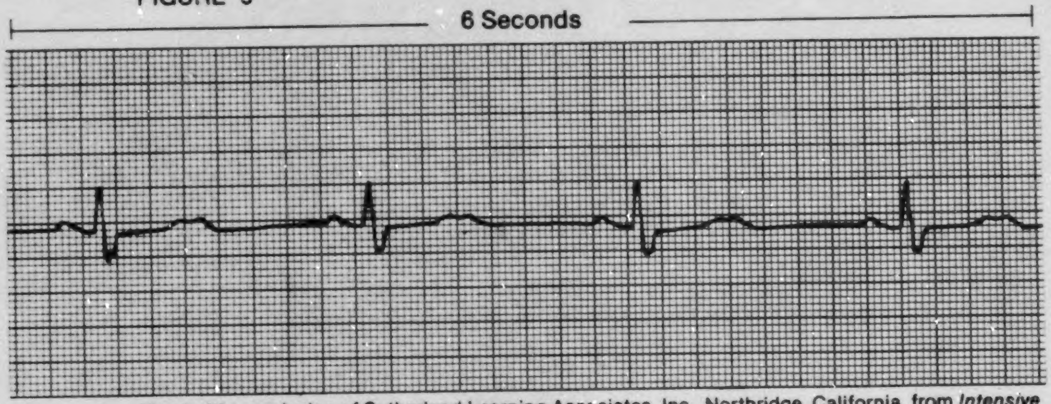
INFORMATION SHEET

E. Heart block — Failure of conductile tissue of heart to conduct normal impulses from atrium to ventricles

(NOTE: Heart block may affect various areas of the heart and may be complete, incomplete, or partial. Toxic effects of drugs or toxins from infections may cause the block. Structural changes from damage to the myocardium due to coronary artery occlusion or tumors may also cause blocks.)

EXAMPLE: 2:1 A-V block (second degree A-V block) with an associated intraventricular conduction defect (40/minute [38/minute])

FIGURE 9



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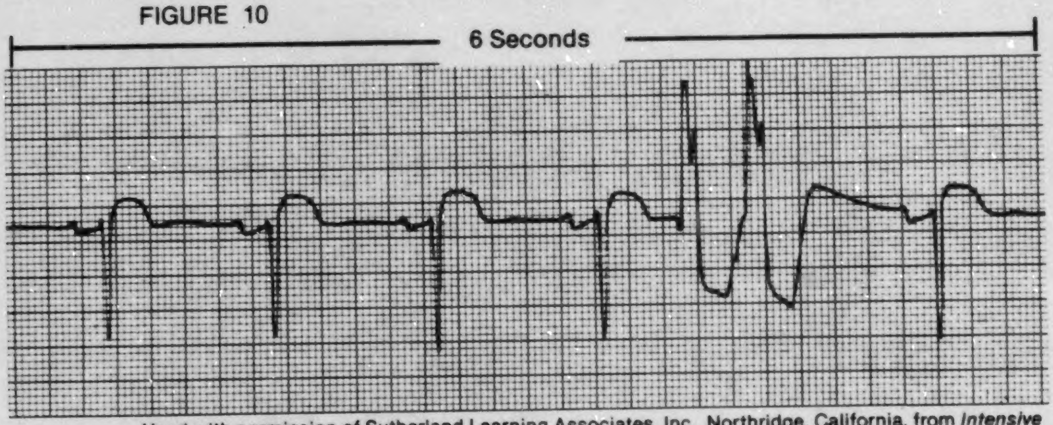
F. Premature ventricular contractions (PVCs) — Ventricular ectopic beat occurs before atrial impulse is due; rate may be normal but rhythm is irregular

(NOTE: PVCs can significantly reduce cardiac output and can lead to ventricular fibrillation if not corrected promptly.)

EXAMPLE: Normal sinus rhythm with two premature ventricular complexes in succession (70/minute [62/minute])

FIGURE 10



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INFORMATION SHEET

XX. Methods of treating arrhythmias

A. Drug therapy

1. Depress myocardial action

EXAMPLES: Inderal, Lidocaine

2. Increase cardiac rhythmicity and contractility

EXAMPLE: Isuprel

3. Depress conduction but increase contractile force

EXAMPLE: Digitalis

4. Act on autonomic nervous system to increase heart rate

EXAMPLE: Atropine

B. Electrical therapy

1. Apply cardioversion by electrical countershocks to heart through electrodes on chest wall

(NOTE: Electrical therapy may be used to treat atrial fibrillation [flutter] and ventricular tachycardia.)

2. Defibrillate by a shock of electricity to heart

(NOTE: The amount of electricity is based on body weight measured in kilograms.)

(CAUTION: Defibrillation is used ONLY for ventricular fibrillation [ventricular flutter].)

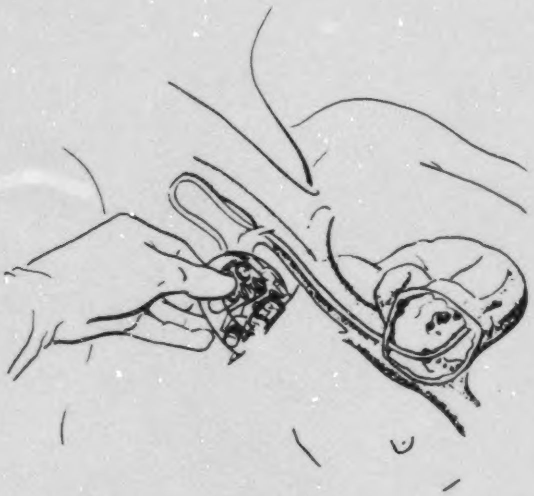
3. Maintain ventricular rate with a pacemaker and battery circuit that stimulates impulses (See Figure 11)

(NOTE: The pacemaker is inserted through an electrode into the right ventricle through a vein.)

INFORMATION SHEET

EXAMPLE:

FIGURE 11



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XXI. Nursing interventions for caring for a patient with a permanent pacemaker

A. Explain procedure to patient and obtain a completed informed consent form

B. Administer analgesics as ordered for discomfort

C. Follow physician's orders regarding immobilization of affected side

(NOTE: Often the physician will want to encourage the patient to use the arm on the affected side to minimize stiffness.)

D. Monitor patient continually by checking blood pressure, pulse, and EKG pattern

(NOTE: Be sure to count pulse for a full minute.)

E. Observe patient for signs of displaced catheter tip

EXAMPLES: Check chest for contractions of diaphragm or twitching of muscles of chest wall; observe for a sudden loss of pace after a period of successful pacing.

F. Examine site for inflammation or swelling

INFORMATION SHEET

G. Check temperature routinely and report elevation

H. Teach patient to monitor own pulse

I. Give instructions to patient concerning home care and monitoring of pacemaker according to physician's instructions

XXII. Descriptions of common diseases and disorders that affect the vessels

A. Varicose veins — Weakening in walls of blood vessels

(NOTE: Varicose veins are especially common in the legs. Blood pools in the legs due to weakening of the valves.)

B. Embolism — Obstruction of a blood vessel by a foreign substance or blood clot

(NOTE: The clot may be carried to the heart and/or to the lungs, or from the heart to an artery, or it can lodge in a vessel of a limb.)

C. Thrombophlebitis — Inflammation of wall of vein in which one or several clots have formed

(NOTE: Thrombophlebitis can be caused from pressure, inactivity, or other conditions that may cause venous stasis or poor circulation.)

D. Aneurysm — Outpouching of a blood vessel

(NOTE: A common site for an aneurysm is the aorta. The rupture of the aorta or cerebral vessels is extremely dangerous and can result in rapid death. Aneurysms can be congenital or may occur after trauma or from arteriosclerosis.)

E. Raynaud's disease — Spasmodic constriction of arteries that supply extremities

(NOTE: Raynaud's disease mainly affects the fingers and toes. The cause of this disease is unknown but it has been related to exposure to cold and to emotional tension.)

F. Buerger's disease — Obstruction caused by inflammation of veins and arteries of extremities

INFORMATION SHEET

XXIII. Symptoms and interventions for common diseases and disorders that affect the vessels (Table 6; Job Sheet #2)

TABLE 6

Disease or Disorder	Symptoms	Interventions
Varicose veins	Dark, tortuous superficial veins Varicose ulcers if rupturing of vessels occurs Pain in legs Fatigue Heavy feeling in affected area Muscle cramps	Instruct patient to elevate legs, and to refrain from wearing constricting clothing, from sitting with legs crossed, and from standing for long periods of time Encourage patient to wear support stockings Assist in pre- and postoperative care if surgery is done to remove damaged vessels
Embolism	*Coronary or pulmonary—* Chest pain Dyspnea Cough Cyanosis *Limb—* White appearance in affected limb Coldness in area Pain Absence of pulse in area	Administer prescribed oxygen Maintain bed rest Administer prescribed anticoagulant Place extremity in a dependent position to promote blood flow Keep patient warm Administer prescribed vasodilation drugs as indicated Administer prescribed narcotics for pain Assist in pre- and postoperative care if surgery is performed to remove clot (NOTE: Immediate interventions should take place because gangrene may result and then the limb will have to be amputated.)
Thrombophlebitis	Redness in area of leg Swelling Fever Pain in affected leg Fatigue Loss of appetite Positive Homan's sign (NOTE: A positive sign is extreme calf pain when foot of affected leg is flexed.)	Elevate leg Apply heat Maintain bed rest Encourage nonstrenuous exercises of toes, knees, and ankles if not a deep inflammation Administer prescribed anticoagulant drugs Caution patient not to massage or rub leg Assist in pre- and postoperative care if surgical removal of damaged vessel is needed

INFORMATION SHEET

Disease or Disorder	Symptoms	Interventions
Aneurysm	Pain Related symptoms depending on location of collapse Hemorrhage Pulsation of mass	Assist in pre- and postoperative care if removal of damaged vessel is needed
Raynaud's disease	Blanched and cold hands Numbness in hands Cyanosis of hands and nail beds Slow-healing ulcers on fingertips that may lead to gangrene Deformed fingertips	Caution patient to avoid chilling at all times and to wear warm clothing in winter Caution patient to avoid emotional stress Instruct patient that smoking is definitely contraindicated Administer prescribed drugs to relieve spasms of arteries and to dilate blood vessels
Buerger's disease	Cramping in calf muscles Burning, tingling, and numbness of legs Edema Hard, painful places in areas around blood vessels Mottled, purplish-red color of legs when hanging down Ulcers that may become gangrenous	Instruct patient that smoking is definitely contraindicated Administer prescribed antibiotics and analgesics as indicated for infection and pain Encourage intake of fluids Administer prescribed drugs to relieve blood vessel spasms

XXIV. Definitions of common diseases and disorders that affect blood and lymph

A. Sickle cell anemia — Inability of normal red blood cells to carry oxygen to body as a result of the presence of abnormal crescent-shaped cells called hemoglobin S

(NOTE: Red blood cells are very fragile and are destroyed rapidly during this disease. Sickle cell anemia is a genetic disease found almost exclusively in the black population.)

B. Pernicious anemia — Lack of intrinsic factor needed by body to absorb vitamin B_{12} from food

C. Aplastic anemia — Destruction of bone marrow

(NOTE: Bone marrow is unable to produce the needed blood cells in aplastic anemia. Patients have a very poor prognosis with this disease.)

INFORMATION SHEET

D. Iron-deficiency anemia — Deficiency of Fe in the blood

E. Agranulocytosis — Decreased production of white blood cells; neutropenia

(NOTE: Agranulocytosis can be caused by the toxic effects of certain drugs. Barbiturates, sulfonamides, and tranquilizers are common causes of agranulocytosis.)

F. Leukemia — Abnormal increase in white blood cells; reduces numbers of all other cells

(NOTE: Leukemia may be acute or chronic and may appear at any age. Research for a cure for leukemia is ongoing, and significant progress has been made. A variety of chemotherapy agents have been found to put some types of leukemia in remission.)

G. Hodgkin's disease — Enlargement of lymphoid tissue, spleen, and liver, with invasion of other tissues

(NOTE: Current technology has made it possible for patients with Hodgkin's disease to live longer with remission of the disease.)

H. Hemophilia — Prolonged coagulation time that results in persistent and sometimes severe bleeding

(NOTE: Hemophilia is transmitted from mother to son as a recessive sex-linked characteristic. Women rarely develop hemophilia but can inherit the trait that is passed on to male infants.)

I. Polychythemia vera — Excessive production of red blood cells and hemoglobin

(NOTE: The increased number of cells makes the blood more viscous and leads to an increase in blood volume and a tendency to produce thrombi.)

J. Multiple myeloma — Infiltration of plasma cells in bone marrow with single or multiple malignant tumors

K. Purpura — Small hemorrhages of vessels in skin or mucous membranes producing petechiae

(NOTE: Purpura results from a lack of platelets or from abnormality of the blood cells.)

L. Lymphosarcoma — Overgrowth of lymphocytes in lymph nodes, spleen, and lymphoid tissue

M. Infectious mononucleosis — Enlargement of lymph nodes and spleen

INFORMATION SHEET

XXV. Symptoms and interventions for common diseases and disorders that affect the blood and lymph (Table 7)

TABLE 7

Disease or Disorder	Symptoms	Interventions
Sickle cell anemia	Fever Jaundice of sclera Pain in arms, abdomen, and legs in early childhood Tender and rigid abdomen in crisis stage Headache, paralysis, and convulsions resulting from cerebral thrombosis	Assist in blood transfusions Give supportive treatment Give emotional support to patient and family (NOTE: Condition is serious and life span is limited due to kidney damage.)
Pernicious anemia	Sore mouth Diarrhea Numbness and tingling in extremities Irritability	Administer prescribed vitamin B_{12} and instruct patient in lifelong therapy of this injection
Aplastic anemia	Weakness Fatigue Shortness of breath Tendency to bleed	Administer prescribed antibiotics as indicated to prevent infections Administer blood transfusions Assist in bone marrow punctures to assess condition Provide care before and following bone marrow transplant if used
Iron-deficiency anemia	Fatigue	Administer prescribed iron supplements (NOTE: Oral iron preparations should be given through a straw or in foods.) Assist patients in selecting foods high in iron
Agranulocytosis	Chills and fever Ulcers on mucous membranes of mouth, throat, nose, rectum, and vagina Headaches	Assist in withdrawing of drugs in patient's system Protect patient from exposure and infection

INFORMATION SHEET

Disease or Disorder	Symptoms	Interventions
Chronic leukemia	Swollen lymph glands in neck, axilla, or groin Swelling in upper left side of abdomen Anemia symptoms Weakness Fever Tendency to bleed easily Frequent secondary infections	Assist with diagnostic tests Administer transfusions as indicated Administer prescribed antibiotics Administer prescribed drugs as indicated to retard the production of leukocytes Provide emotional support and encouragement, and help family plan care
Acute leukemia	Bleeding Acute infection Pain in bones Purpura	Administer transfusions immediately Provide care before and following bone marrow transplant if used Give supportive care Give emotional support to patient and family
Hodgkin's disease (NOTE: There are four stages of the disease. If treatment begins in stage I or II there is a better chance of remission or cure.)	Painless enlargement of lymph nodes until growth causes pressure on other tissues Loss of weight Fatigue Chills and fever Anemia symptoms Tendency to bleed	Assist with chemotherapy, x-ray therapy Administer prescribed antibiotics for any secondary infections Give supportive care Give emotional support to patient and family
Hemophilia	Tendency to bleed from oozing to hemorrhage	Administer prescribed prothrombin and apply pressure on area as indicated Assist in administration of antihemolytic human plasma Give supportive care Give emotional support to patient and family Encourage genetic counseling

INFORMATION SHEET

Disease or Disorder	Symptoms	Interventions
Polycythemia vera	Reddish-purplish color of face and lips Weakness Fatigue Engorgement of capillaries and veins Dizziness Headache Enlargement of spleen	Assist in reduction of volume of circulating blood by phlebotomy Observe for appearance of thrombosis Administer prescribed antineoplastic drugs if indicated
Multiple myeloma	Vague pain in spine, pelvis, or ribs becoming more severe Pathological fractures as bone marrow is replaced by tumors Reduced resistance to infections	Give symptomatic care Administer prescribed analgesics for pain Encourage ambulation to prevent renal calculi Encourage increase in fluid intake Administer blood transfusions as indicated Administer prescribed antineoplastic drugs Give emotional support to patient and family
Purpura	Petechiae in mucous membranes Bleeding in other areas of body Bruises over affected areas	Administer prescribed ACTH and cortisone as indicated to provide symptomatic relief Administer platelet transfusions as indicated Provide pre- and postoperative care if splenectomy is needed Protect patient from trauma that may cause bleeding
Lymphosarcoma	Enlargement of lymph nodes in spleen, cervical, inguinal and axillary areas (NOTE: Symptoms will depend upon which area has been affected.)	Administer prescribed corticosteroid drugs as indicated Provide pre- and postoperative care if surgical removal is needed Treat symptomatically Provide emotional support for patient and family

INFORMATION SHEET

Disease or Disorder	Symptoms	Interventions
Infectious mononucleosis (NOTE: The cause of infectious mononucleosis is not known.)	Enlargement of lymph nodes General malaise Fever Sore throat Headache	Provide for rest Encourage optimal diet and fluid intake Caution patient against exposure that may lead to secondary infections (NOTE: Disease usually occurs in young persons who do not get enough rest and have poor diets. Counseling may help a person in planning a healthier life style.)

XXVI. Nursing interventions for caring for a patient undergoing a bone marrow puncture

(NOTE: Common places for the bone marrow puncture are the sternum and the iliac crest.)

A. Explain procedure to patient

B. Obtain a completed informed consent prior to procedure

C. Obtain all needed equipment and prepare area

(NOTE: In most facilities a bone marrow puncture tray is available with all equipment sterilized and ready for use.)

D. Reassure patient throughout procedure

E. Assist physician as needed

F. Ask patient to remain quiet and to rest for a short time after procedure

G. Observe site for bleeding

H. Document procedure and observations

I. Assess lab report for any abnormalities and notify physician

J. Observe site for signs of infection

INFORMATION SHEET

XXVII. Nursing interventions for caring for a patient undergoing cardiovascular surgery

(NOTE: Closed-heart surgery refers to cardiovascular surgery completed without stopping the heart. Open-heart surgery requires that the heart be stopped and circulation assisted with a heart-lung pump.)

A. Prepare patient

EXAMPLE: Provide good nutrition, oxygen (if needed), vitamin therapy, rest, anticoagulant therapy, antibiotic therapy, preoperative teaching for deep breathing and coughing techniques.

B. Reinforce physician's explanation of procedure and answer questions of patient and family

(NOTE: Orient patient to the critical care unit, and introduce staff to the patient and family prior to surgery.)

C. Obtain a completed informed consent prior to procedure

D. Perform any preoperative procedures as indicated by physician

EXAMPLES: Prep operative sites following surgical policies; administer any preoperative medications; make sure that all preoperative diagnostic tests have been performed.

E. Monitor patient frequently during immediate postoperative stage

(NOTE: Not only are patients checked more frequently in the critical care unit, but additional specialized equipment is used to check patients' status.)

F. Keep patient's family informed of patient's progress

XXVIII. Descriptions of common immunologic deficiency disorders found specifically in pediatric patients

A. Idiopathic thrombocytopenic purpura (ITP) — Acquired hemorrhagic disorder that results from excessive destruction of platelets

B. Disseminated intravascular coagulation (DIC) — Secondary disorder of coagulation that occurs with a number of pathological processes and many systemic diseases

(NOTE: The normal clotting mechanism is accelerated in DIC. Acidosis, shock, congenital heart disease, necrotizing enterocolitis, viral infections, and bacterial infections can be complicated by DIC. This disorder may also be found in adult patients.)

INFORMATION SHEET

XXIX. Symptoms and interventions for common immunologic deficiency disorders found specifically in pediatric patients (Table 8)

TABLE 8

Disorder	Symptoms	Interventions
Idiopathic thrombocytopenic purpura (ITP)	Bruising with petechiae or ecchymoses over bony prominences Bleeding gums Epistaxis Hemorrhage symptoms depending on area of body Hematomas on lower extremities that may result in leg ulcers	Protect against trauma Administer prescribed corticosteroids as indicated Administer packed cells to symptomatic children Provide pre- and postoperative care if splenectomy is needed
Disseminated intravascular coagulation (DIC)	Petechiae Bleeding from openings in skin Hypotension Dysfunction of organs from ischemia	Administer platelets and fresh frozen plasma as indicated Observe for symptoms of thrombus

ASSESSMENT AND MANAGEMENT OF DISEASES AND DISORDERS OF THE CARDIOVASCULAR SYSTEM
UNIT X

ASSIGNMENT SHEET #1 — PLAN CARE FOR PATIENTS WITH DISEASES AND DISORDERS OF THE CARDIOVASCULAR SYSTEM

NAME ________________________________ SCORE ____________

The cardiovascular system is one of the most important systems in the body. Without the contracting heart and vessels, the body's other systems would not get the nutrients and oxygen they need to function. As you can see from the volume of material in this unit, there are many diseases and disorders that affect this system.

Nurses who provide care for cardiovascular patients must be aware of the obvious and not so obvious symptoms that indicate problems that must be treated immediately. In the next few years, technology will provide new hope for patients with damaged hearts and vascular conditions. You may even be the nurse providing care for the patient with a heart transplant.

This assignment sheet provides you with two simulated case studies of patients with diseases and disorders of the cardiovascular system. You will need to recall some information already learned and to research some material that you will need to answer the questions. Hand in completed assignment to instructor for evaluation, or discuss in class.

Patient #1

Ruby Norris, sixty-five-year-old patient of Dr. Lunn, has been admitted to the hospital with a diagnosis of congestive heart failure. She had one myocardial infarction three years ago and has been taking Lanoxin 0.25 mg. daily. In the past few days, Mrs. Norris has had swelling of the feet and legs, cyanosis, and difficulty in breathing. Her daughter called Dr. Lunn, and he immediately admitted Ruby to the hospital for treatment. After checking Mrs. Norris, Dr. Lunn ordered oxygen therapy and rotating tourniquets to aid in her breathing.

A. What is the purpose of rotating tourniquets?

____

____

____

B. What is the time interval for releasing each tourniquet?

____

ASSIGNMENT SHEET #1

C. To what level should the cuffs be inflated?

____

____

D. In what position would Mrs. Norris be most comfortable?

____

E. When you listen to Mrs. Norris' respirations, what type of sound would you expect to hear?

____

F. For what purpose has Dr. Lunn ordered the Lanoxin for Mrs. Norris?

____

G. What side effects might you see if Mrs. Norris develops toxicity to the drug?

____

____

H. What is one of the main nursing responsibilities when administering any digitalis preparation?

____

____

____

I. Dr. Lunn has ordered a very potent diuretic to be given immediately. What are nursing responsibilities when caring for a patient on a diuretic?

____

____

____

J. As you become better acquainted with Mrs. Norris, she tells you how she felt when she first became ill. What symptom would you think she noticed first?

____

ASSIGNMENT SHEET #1

K. Because Mrs. Norris is very edematous, she will require careful skin care. Why is this true?

L. To make sure that Mrs. Norris receives adequate potassium in her diet, what foods would you provide for her?

Patient #2

Jill Brown, a three-year-old patient of Dr. Garvey, was admitted to the hospital with an acute crisis of sickle cell anemia. This is not her first admission to the hospital but it is the most serious since her diagnosis two years ago.

A. What would you anticipate to be the first intervention of care in Jill's case?

B. What symptoms would you expect Jill to exhibit on this admission?

C. Jill appears quite jaundiced. What is the cause of this condition?

D. As Jill grows older, what major medical problem can be anticipated?

E. Jill's crisis passes and she is ready to be discharged. Her parents ask you how they can identify symptoms of an impending crisis. What early symptoms can you describe to them?

ASSESSMENT AND MANAGEMENT OF DISEASES AND DISORDERS OF THE CARDIOVASCULAR SYSTEM
UNIT X

ANSWERS TO ASSIGNMENT SHEET

Assignment Sheet #1 (Suggested answers)

Patient #1

A. Rotating tourniquets help to remove blood from the central circulation by temporarily pooling blood in the extremities and reducing the work of the heart.

B. Fifteen minutes

C. The cuffs should be inflated just above the level of the dyastolic pressure.

D. Semi-Fowler's

E. Respirations will probably have a bubbling sound.

F. The Lanoxin helps to slow and strengthen the heartbeat.

G. Anorexia, nausea and vomiting, seeing halos around dark objects, arrhythmias, diarrhea, abdominal discomfort

H. Always take an apical pulse before administering the medication. If pulse is below 60, hold the medication and notify the physician.

I. Keep an accurate I & O; observe for signs of electrolyte imbalances, especially of sodium and potassium; weigh patient daily.

J. Shortness of breath

K. Decubitus ulcers can develop very quickly in edematous tissue.

L. Bananas, oranges, apricots, dried fruits

Patient #2

A. Intravenous fluids will be started immediately.

B. Fever, rigid abdomen, jaundice, bleeding if traumatized

C. Red blood cell destruction

D. Kidney disease and possible renal failure

E. Infection and fever

ASSESSMENT AND MANAGEMENT OF DISEASES AND DISORDERS OF THE CARDIOVASCULAR SYSTEM
UNIT X

JOB SHEET #1 — USE ROTATING TOURNIQUETS

(NOTE: Mechanical rotating tourniquets have been developed. If these are not available, the nurse should be able to perform this procedure using the equipment that is available.)

I. Equipment

   A. Four blood pressure cuffs

   B. Rotation chart (Table 9; See Figure 12)

   EXAMPLES:

TABLE 9

PLAN FOR ROTATING TOURNIQUETS

Time A.M.	Right Leg	Left Leg	Left Arm	Right Arm
9:00	off	on	on	on
9:15	on	off	on	on
9:30	on	on	off	on
9:45	on	on	on	off
10:00	off	on	on	on

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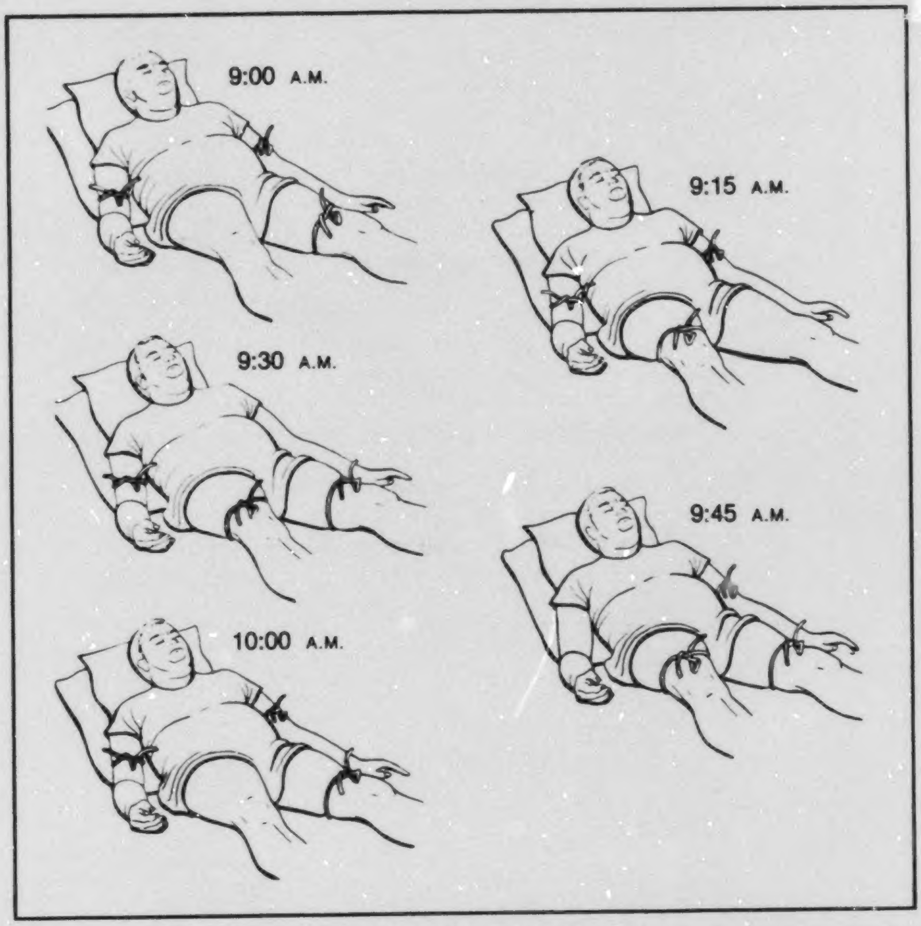
JOB SHEET #1

FIGURE 12


9:00 A.M.
9:15 A.M.
9:30 A.M.
9:45 A.M.
10:00 A.M.

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(NOTE: Rubber tubing is shown in the figure to better illustrate the sequence of rotation.)

II. Procedure

A. Obtain needed equipment

B. Explain to patient that this procedure will help the heart's efficiency and will help breathing

C. Place the four blood pressure cuffs on all four extremities, with lower cuffs around thighs

JOB SHEET #1

D. Place patient in semi-Fowler's position to aid breathing

E. Inflate three of the four cuffs to a level 10 mm above the patient's diastolic pressure; leave one cuff loosely in place

F. Feel to make sure that radial and pedal pulses are present

G. Set up rotation schedule so that no tourniquet is applied for more than forty-five minutes

H. Release one tourniquet at least every fifteen minutes and inflate another one

I. Make sure to use the same rotation schedule, and keep notes on the chart of which cuff was inflated and when

J. Reassure patient and record any reactions

K. Remove tourniquets, using the same rotation schedule

(CAUTION: Never remove all tourniquets at once.)

JOB SHEET #1

III. Checklist for procedure for using rotating tourniquets

		Performed Well	Needs Improvement
A.	Obtained needed equipment	☐	☐
B.	Explained to patient that this procedure will help the heart's efficiency and will help breathing	☐	☐
C.	Placed the four blood pressure cuffs on all four extremities, with lower cuffs around thighs	☐	☐
D.	Placed patient in semi-Fowler's position to aid breathing	☐	☐
E.	Inflated three of the four cuffs to a level of 10 mm above the patient's diastolic pressure; left one cuff loosely in place	☐	☐
F.	Felt to make sure that radial and pedal pulses were present	☐	☐
G.	Set up rotation schedule so that no tourniquet was applied for more than forty-five minutes	☐	☐
H.	Released one tourniquet at least every fifteen minutes and inflated another one	☐	☐
I.	Made sure to use the same rotation schedule, and kept notes on the chart of which cuff was inflated and when	☐	☐
J.	Reassured patient and recorded any reactions	☐	☐
K.	Removed tourniquets, using the same rotation schedule	☐	☐

Comments: ______________________________

____

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____

____

ASSESSMENT AND MANAGEMENT OF DISEASES AND DISORDERS OF THE CARDIOVASCULAR SYSTEM
UNIT X

JOB SHEET #2 — ADMINISTER HEPARIN

I. Equipment

- A. Syringe or disposable tuberculin syringe, 1 or 2 ml
- B. Needle, 25-gauge, 5/8-inch
- C. Antiseptic sponges
- D. Prescribed heparin

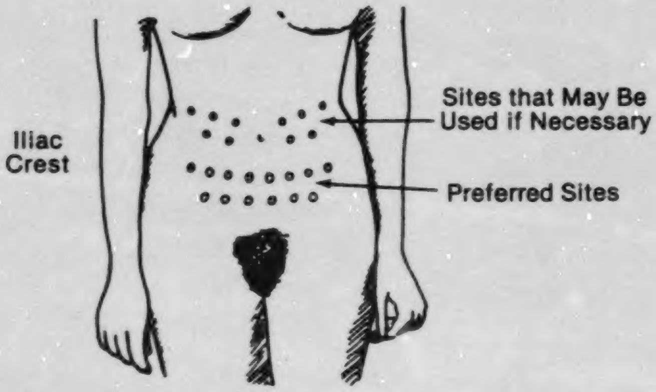
II. Procedure

- A. Check physician's orders
- B. Obtain any ordered laboratory test results
- C. Wash hands
- D. Prepare syringe and prescribed heparin

  (CAUTION: Be sure to check dosage very carefully.)
- E. Identify patient
- F. Explain procedure
- G. Locate site to be used (Figure 13)

  (NOTE: The most convenient sites are along the lower abdominal fat pad. Do not inject into a bruised area or within five centimeters of the umbilicus or any scar. Avoid areas above the iliac crest if possible.)

FIGURE 13



JOB SHEET #2

H. Wash hands

I. Use antiseptic sponge to cleanse area

(CAUTION: Do not rub.)

J. Stretch skin out using palm of nondominant hand

(NOTE: The skin should be stretched out to empty vessels in the local area. This procedure decreases the chances of the vessels being pierced by the needle, and decreases the chance of hematoma formation.)

K. Holding shaft of syringe in a dart fashion, insert needle directly through skin at a right angle into subcutaneous fatty layer

L. Push plunger of syringe down, injecting medication

(CAUTION: Do not move the needle tip once it is inserted. Do not pull back on the plunger for aspiration.)

M. Withdraw needle gently at same angle at which it entered, releasing skin as needle is withdrawn

N. Press antiseptic sponge to site for a few seconds

(CAUTION: Do not rub site, and instruct patient not to rub the site.)

O. Dispose of equipment properly

P. Wash hands

Q. Document the following information

1. Time
2. Date
3. Dosage amount
4. Site of administration
5. Patient's response

JOB SHEET #2

III. Checklist for procedure for administering heparin

		Performed Well	Needs Improvement
A.	Checked physician's orders	☐	☐
B.	Obtained any ordered laboratory test results	☐	☐
C.	Washed hands	☐	☐
D.	Prepared syringe and prescribed heparin	☐	☐
E.	Identified patient	☐	☐
F.	Explained procedure	☐	☐
G.	Located site to be used	☐	☐
H.	Washed hands	☐	☐
I.	Used antiseptic sponge to cleanse area	☐	☐
J.	Stretched skin out using palm of nondominant hand	☐	☐
K.	Held shaft of syringe in a dart fashion and inserted needle directly through skin at a right angle into subcutaneous fatty layer	☐	☐
L.	Pushed plunger of syringe down, injecting medication	☐	☐
M.	Withdrew needle gently at same angle at which it entered, releasing skin as needle was withdrawn	☐	☐
N.	Pressed antiseptic sponge to site for a few seconds	☐	☐
O.	Disposed of equipment properly	☐	☐
P.	Washed hands	☐	☐
Q.	Documented the following information: time, date, dosage amount, site of administration, patient's response	☐	☐

JOB SHEET #2

Comments: ______________________________

PN III - 799-A

ASSESSMENT AND MANAGEMENT OF DISEASES AND DISORDERS OF THE CARDIOVASCULAR SYSTEM

UNIT X

TEST

NAME ____ SCORE ________________

1. Match to their correct definitions terms associated with diseases and disorders of the cardiovascular system. Write the correct numbers in the blanks. Definitions are continued on the next page.

_____a. Condition following and resulting from a disease

_____b. Nervous condition marked by involuntary muscular twitching of limbs or facial muscles

_____c. Minute rounded spot of hemorrhage in a surface such as the skin or mucous membrane

_____d. Acute precordial pain that may radiate to neck, throat, and left arm

_____e. Referring to the precordium or area on anterior surface of body overlying the heart and lower part of thorax

_____f. Passage of an electric current through the patient's heart in an attempt to convert from a ventricular arrhythmia to a regular beat; cardioversion

_____g. Irregularity or loss of cardiac rhythm

_____h. Accumulation of serous fluid in the peritoneal cavity

_____i. Mechanical device that aids or replaces the sinoatrial node to stimulate and regulate the heartbeat

_____j. Development of an area of necrosing tissue in myocardium; usually the result of ischemia following an occlusion of a coronary artery

_____k. Decreased concentration of potassium in circulating blood

1. Arrhythmia
2. Ecchymosis
3. Ischemia
4. Pacemaker
5. Myocardial infarction
6. Sequela
7. Petechia (plural, petechiae)
8. Hyponatremia
9. Electrical defibrillation
10. Hypokalemia
11. Angina pectoris
12. Ascites
13. Chorea
14. Precordial

TEST

_____l. Decreased concentration of sodium in blood

_____m. Large, irregularly formed hemorrhagic area of the skin or mucous membrane

_____n. Local and temporary deficiency of blood supply due to inadequate circulation

2. List common diseases and disorders that affect the cardiovascular system.

a. ____________________

b. ____________________

c. ____________________

d. ____________________

e. ____________________

f. ____________________

g. ____________________

3. Select from the following list general symptoms of cardiovascular diseases and disorders. Write an "X" in the blank before each correct answer.

_____a. Weight gain caused from fluid retention in tissues

_____b. High or low blood pressure

_____c. Increase in temperature

_____d. Dyspnea

_____e. Cough

_____f. Cyanosis

_____g. Pruritus

_____h. Change in rate, quality, and rhythm of pulse

_____i. Dysuria

_____j. Edema in feet and ankles

_____k. Pain

TEST

4. Match to their correct descriptions factors predisposing heart disease. Write the correct numbers in the blanks.

_____a. Narrowing of lumen and hardening of vessel walls; caused by accumulated deposits of yellow fat and minerals

_____b. Thickening, hardening, and loss of elasticity in artery walls; cause is unknown

_____c. Elevation of blood pressure over what is judged as normal; caused by a variety of factors

1. Arteriosclerosis
2. Hypertension
3. Atherosclerosis

5. Identify according to their descriptions and purposes common diagnostic tests performed to assess heart function. Write the correct names in the blanks.

Central venous pressure (CVP)
Cardiac catheterization
Echocardiogram
Treadmill (stress test)
Electrocardiogram
Coronary arteriography
Nuclear scan
Coronary angiography
Swan-Ganz catheterization

Diagnostic Test	Description	Purpose
a. ____________ ____________	Small catheter is passed through a vein into superior to inferior vena cava and attached to a manometer filled with solution that fluctuates according to condition of heart	Measures pressure in right atrium
b. ____________ ____________	Stress to heart function is monitored as patient performs walking or pacing exercises on a moving track	Determines amount of stress tolerated by heart
c. ____________ ____________	Electrodes are placed on specified body parts to pick up electrical impulses of the heart and provide a graph of heart activity	Studies activity of heart muscle Records changes in heart rhythm and rate; detects cardiac damage
d. ____________ ____________	Sound waves are used to produce a two- or three-dimensional view of heart and blood flow	Assesses size of heart Detects presence of excess fluid in pericardial sac Measures size of heart chambers

TEST

Diagnostic Test	Description	Purpose
e. ____________ ____________	Catheter is introduced into a blood vessel and opaque dye is passed into the vena cava, right atrium, right ventricle, and pulmonary artery for visualization through radiography	Measures pressure as it passes through chambers of heart, and determines oxygen content of blood as it passes through structures of heart Checks for defects
f. ____________ ____________	Catheter with a balloon near the tip is passed through a vein into the right heart into pulmonary artery; balloon is inflated enough to block the flow of blood from right heart to lung	Measures the back pressure in pulmonary artery and the pressure transmitted back from left arterial chamber of heart
g. ____________ ____________	Opaque dye is injected through a cardiac catheter via a selected large vessel to permit visualization of heart	Aids in diagnosing congenital heart defects, and structural defects of heart, valves, and large vessels
h. ____________ ____________	Thallium is injected into a selected vein; after ten minutes' absorption time, a scanner is used to pick up images of heart	Obtains images in anterior, left anterior, oblique, and left lateral positions
i. ____________ ____________	Opaque dye is injected through a cardiac catheter into coronary arteries for visualization	Aids in diagnosing coronary artery malfunction or occlusion

6. Match common blood and circulation tests to their correct purposes. Write the correct numbers in the blanks.

_____a.	Indicates first stage of blood clotting time	1. Clotting time
_____b.	Indicates length of time required for blood from an arm vein to reach the tongue or lungs	2. Blood culture and sensitivity
_____c.	Indicates length of time it takes for patient's blood to form a clot	3. Circulation time
_____d.	Indicates length of time required for blood cells to settle in an anticoagulant solution	4. Prothrombin time (protime)
_____e.	Indicates types of organisms present in patient's blood, and indicates which antibiotics would be most effective in fighting a specific organism	5. Sedimentation rate

TEST

7. State general nursing interventions for patients undergoing diagnostic tests to assess heart function.

a. Electrocardiogram

1) ____________________

2) ____________________

3) ____________________

b. Echocardiogram

1) ____________________

2) ____________________

c. Nuclear scan

1) ____________________

2) ____________________

3) ____________________

d. Cardiac catheterization

1) ____________________

2) ____________________

3) ____________________

4) ____________________

5) ____________________

6) ____________________

7) ____________________

8) ____________________

9) ____________________

10) ____________________

TEST

e. Treadmill (stress test)

1) ____________________

2) ____________________

8. State nursing interventions for caring for patients with hypertension.

a. ____________________

____

b. ____________________

____

c. ____________________

____

d. ____________________

____

9. Match to their correct descriptions common infectious diseases that affect the heart. Write the correct numbers in the blanks.

_____a. Disease resulting from a sequela of infection by group A beta hemolytic streptococci

_____b. Disease caused by an attack of microorganisms into the endocardium that can be fatal if not treated; may cause acute destructive valvular lesions

_____c. Disease caused by infection, trauma, or neoplasms that affect the pericardium; results in epicardium and pericardium adhering, and may lead to chronic constrictive condition

1. Pericarditis
2. Rheumatic fever
3. Bacterial endocarditis

TEST

10. Identify according to their symptoms and interventions common infectious diseases that affect the heart. Write the correct names in the blanks.

Pericarditis **Rheumatic fever** **Bacterial endocarditis**

Disease	Symptoms	Interventions
a. ____________ ____________	Subcutaneous nodules Increased sedimentation rate Leukocytosis and anemia Cardiac rhythm disturbances Abnormal heart sounds C-reactive protein in blood Fatigue Anorexia Weight loss Malaise Low-grade fever Swelling, inflammation, and pain that moves from joint to joint (migratory polyarthritis) Abdominal pain Rash appearing as giant hives but without itching Choreiform movements Cardiac involvement, including myocarditis, pericarditis, and scar formation in valve ring	Maintain complete bed rest Administer prescribed antibiotics, salicylates, corticosteroids as indicated Encourage frequent small meals with an increase in fluids Handle joints gently, and position with pillows to relieve discomfort Provide emotional support Discuss with family any long-term care plans to prevent infections and possible damage to heart Assess cardiac status through vital signs, heart tones, and peripheral pulses
b. ____________ ____________	Sharp pain similar to pain of acute myocardial infarction increased by rotating chest or deep breathing but relieved by sitting up and leaning forward Dilation of heart seen on x-ray Pulse weaker on deep inspiration (paradoxical pulse) if congestive heart occurs	Observe coronary precautions until MI is ruled out Maintain bed rest Administer prescribed analgesics, antipyretics, and antibiotics as indicated
c. ____________ ____________	*Early—* Splinter hemorrhage of nail beds of fingers *Later—* Slight fever, malaise, and fatigue Muddy, sallow complexion Increased fever, often accompanied by chills and diaphoresis Weakness Anorexia Weight loss Petechiae Anemia Clubbing of fingers and toes, embolism, and heart murmurs in later stages of disease	Administer large doses of prescribed antibiotics Maintain bedrest in acute stage Encourage intake of foods and fluids Observe vital signs, especially temperature Observe for signs of embolism

TEST

11. Match to their correct descriptions common valvular diseases and disorders that affect the heart. Write the correct numbers in the blanks.

_____a.	Narrowing of valve caused by a thickening of the leaflets; prevents blood from flowing from left atrium into left ventricle; can cause congestive heart failure	1. Mitral stenosis 2. Aortic stenosis
_____b.	Thickening of the three leaf valves; increases work of left ventricle; may eventually lead to calcification of valve	

12. Identify according to their symptoms and interventions common valvular diseases and disorders that affect the heart. Write the correct names in the blanks.

Mitral stenosis Aortic stenosis

Disease or Disorder	Symptoms	Interventions
a. ____________ ____________	Dizziness Anginal pain Weak radial pulse Enlarged heart	Assist in pre- and postoperative care for valve replacement
b. ____________ ____________	Congestion of lungs and liver Edema of legs Fatigue Dyspnea Decrease in systolic blood pressure Emaciated appearance	Advise limits of activity Give patient instructions for decreasing sodium intake Administer prescribed digitalis derivatives and diuretics Assist in pre- and postoperative care if surgery to break the valve leaves apart (mitral commissurotomy) or valve replacement is required

13. Identify common coronary artery diseases according to their symptoms and interventions. Write the correct names in the blanks.

Myocardial infarction Angina pectoris

Disease	Symptoms	Interventions
a. ____________ ____________	Severe pain over heart that may spread to shoulder, left arm, or jaw Pale color Syncope Dyspnea	Administer prescribed nitroglycerin tablets sublingual as soon as attack begins, and instruct patient to carry tablets at all times Assist to comfortable position Administer prescribed oxygen Assess vital signs Provide emotional support

TEST

Disease	Symptoms	Interventions
b. ______________ ______________	Severe pain and constriction in chest, often radiating to arm, shoulder, teeth, jaw, or throat, especially on left side Restlessness Ashen, cold, clammy skin Dyspnea Cyanosis Arrythmias Indigestion Diaphoresis Nausea and vomiting Anxiety Decrease in blood pressure Decrease in body temperature, followed by an elevation in temperature after approximately four days	*Emergency—* Insist on complete rest Call for help Loosen tight clothing Place support under patient's head and upper back to aid in breathing Keep patient flat if in shock Be prepared to begin resuscitation if needed *In-hospital care—* Assess vital signs and EKGs frequently Assess I & O Report and document any symptoms of dyspnea, chest pain, or anxiety Minimize stress and maintain bed rest in acute phase Administer prescribed analgesics, anticoagulants, and stool softeners as indicated Administer prescribed oxygen Assist in planning home care when patient is discharged

14. Match common compensation disorders to their correct descriptions. Write the correct numbers in the blanks.

_____a.	Impaired cardiac performance due to "pump" failure resulting in pulmonary edema	1. Heart block
_____b.	Failure of conductile tissue of heart to normally conduct impulses from atrium to ventricles	2. Congestive heart failure
_____c.	Erratic electrical activity in heart resulting in ineffective cardiac performance	3. Ventricular fibrillation

TEST

15. Identify common compensation disorders according to their symptoms and interventions. Write the correct names in the blanks.

Heart block **Congestive heart failure** **Ventricular fibrillation**

Disorder	Symptoms	Interventions
a. ______________ ______________	Excessive fatigue Persistent cough Dependent edema in ankles Sudden weight gain due to edema Ascites *Left-side failure—* Pulmonary edema Cough with loose, moist rales Dyspnea Nocturia Palpitation Paroxysmal dyspnea followed by expectoration of blood-streaked sputum *Right-side failure—* Edema of feet and legs Numbness or tingling in fingers Cyanosis Visible engorgement of neck veins Tacnycardia	Maintain bed rest in position of comfort Administer prescribed diuretics, morphine, and cardiotonic glycosides Restrict intake of sodium and fluids Measure I & O Record patient's weight at the same time each day Administer prescribed oxygen as needed Assist with abdominal paracentesis or thoracentesis to drain excess fluids Use rotating tourniquets to reduce amount of blood that must be circulated by overworked heart Observe for symptoms of digitalis-induced toxicity Assist with intermittent positive-pressure breathing treatments Assist with administration of prescribed medications
b. ______________ ______________	Loss of peripheral pulses Hypotension Loss of consciousness Seizures	Initiate CPR Assist with or apply cardioversion
c. ______________ ______________	Drop in heart rate below 60 Irregular heartbeat with weakened contractions Loss of consciousness at times	Monitor vital signs and EKGs Observe levels of consciousness Assist in pre- and postoperative care of patient if electronic pacemaker is inserted

16. Distinguish between symptoms of hypokalemia and symptoms of hyponatremia. Write a "K" in the blanks before symptoms of hypokalemia and an "N" before symptoms of hyponatremia.

_____a. Oliguria, anuria

_____b. Decreased skin turgor

_____c. Cardiac arrhythmias

TEST

_____d. Dry mucous membranes

_____e. Postural hypotension

_____f. Adbominal distention and possibly paralytic ileus

_____g. Thirst

_____h. Apprehension

_____i. Shallow respirations

_____j. Muscle cramps

_____k. Tachycardia

_____l. Muscle weakness

_____m. Anorexia

_____n. Hypotension

17. Select from the following list nursing interventions for caring for patients taking digitalis derivatives. Write an "X" in the blank before each correct answer.

_____a. Take radial pulse for fifteen seconds and multiply rate by 2; if pulse is below 60, give medication

_____b. Know all strengths and usual dosages of preparations

_____c. Read labels carefully before administering preparations

_____d. Observe patient for vertigo, a normal response for a digitalized patient

_____e. Observe for symptoms of digitalis-induced toxicity and notify physician

_____f. Take apical pulse for a full minute; if pulse is below 60, do not administer the medication without physician's order

_____g. Place patient on a decreased calorie diet

_____h. Maintain strict intake and output, and document

_____i. Weigh patient at same time each day and note any gain

TEST

18. State nursing interventions for caring for patients with acute pulmonary edema.

a. ______________________________

b. ______________________________

c. ______________________________

d. ______________________________

e. ______________________________

f. ______________________________

g. ______________________________

h. ______________________________

i. ______________________________

j. ______________________________

19. Match common arrhythmias to their correct descriptions. Write the correct numbers in the blanks.

______a. Pacemaker at S-A node with rate below 60 and a regular rhythm

______b. Pacemaker at S-A node with regular rate but above 100 beats per minute

______c. Disorganized rapid atrial activity occurring with quivering of atria rather than contractions

______d. Ventricular ectopic beat occurs before atrial impulse is due; rate may be normal but rhythm is irregular

______e. Disorganized, rapid, tremulous, and ineffective contractions of ventricles

______f. Failure of conductile tissue of heart to conduct normal impulses from atrium to ventricles

1. Premature ventricular contractions (PVCs)
2. Sinus bradycardia
3. Sinus tachycardia
4. Atrial fibrillation (flutter)
5. Heart block
6. Ventricular fibrillation (flutter)

20. Describe methods of treating arrhythmias.

a. Drug therapy

1) ______________________________

TEST

2) ____________________

3) ____________________

4) ____________________

b. Electrical therapy

1) ____________________

2) ____________________

3) ____________________

21. State nursing interventions for caring for a patient with a permanent pacemaker.

a. ____________________

b. ____________________

c. ____________________

d. ____________________

e. ____________________

f. ____________________

g. ____________________

TEST

h. ____

____

i. ____

____

22. Match to their correct descriptions common diseases and disorders that affect the vessels. Write the correct numbers in the blanks.

_____a.	Weakening in walls of blood vessels	1. Raynaud's disease
_____b.	Obstruction of a blood vessel by a foreign substance or blood clot	2. Embolism
_____c.	Inflammation of wall of vein in which one or several clots have formed	3. Buerger's disease
_____d.	Outpouching of a blood vessel	4. Varicose veins
_____e.	Spasmodic constriction of arteries that supply extremities	5. Aneurysm
_____f.	Obstruction caused by inflammation of veins and arteries of extremities	6. Thrombophlebitis

23. Identify according to their symptoms and interventions common diseases and disorders that affect the vessels. Write the correct names in the blanks.

Raynaud's disease
Embolism
Buerger's disease
Varicose veins
Aneurysm
Thrombophlebitis

Disease or Disorder	Symptoms	Interventions
a. ____________ ____________	Pain Related symptoms depending on location of collapse Hemorrhage Pulsation of mass	Assist in pre- and postoperative care if removal of damaged vessel is needed
b. ____________ ____________	Blanched and cold hands Numbness in hands Cyanosis of hands and nail beds Slow-healing ulcers on fingertips that may lead to gangrene Deformed fingertips	Caution patient to avoid chilling at all times and to wear warm clothing in winter Caution patient to avoid emotional stress Instruct patient that smoking is definitely contraindicated Administer prescribed drugs to relieve spasms of arteries and to dilate blood vessels

TEST

Disease or Disorder	Symptoms	Interventions
c. ____________ ____________	Dark, tortuous superficial veins Varicose ulcers if rupturing of vessels occurs Pain in legs Fatigue Heavy feeling in affected area Muscle cramps	Instruct patient to elevate legs, and to refrain from wearing constricting clothing, from sitting with legs crossed, and from standing for long periods of time Encourage patient to wear support stockings Assist in pre- and postoperative care if surgery is done to remove damaged vessels
d. ____________ ____________	Cramping in calf muscles Burning, tingling, and numbness of legs Edema Hard, painful places in areas around blood vessels Mottled, purplish-red color of legs when hanging down Ulcers that may become gangrenous	Instruct patient that smoking is definitely contraindicated Administer prescribed antibiotics and analgesics as indicated for infection and pain Encourage intake of fluids Administer prescribed drugs to relieve blood vessel spasms
e. ____________ ____________	Redness in area of leg Swelling Fever Pain in affected leg Fatigue Loss of appetite Positive Homan's sign	Elevate leg Apply heat Maintain bed rest Encourage nonstrenuous exercises of toes, knees, and ankles if not a deep inflammation Administer prescribed anticoagulant drugs Caution patient not to massage or rub leg Assist in pre- and postoperative care if surgical removal of damaged vessel is needed
f. ____________ ____________	*Coronary or pulmonary—* Chest pain Dyspnea Cough Cyanosis *Limb—* White appearance in affected limb Coldness in area Pain Absence of pulse in area	Administer prescribed oxygen Maintain bed rest Administer prescribed anticoagulant Place extremity in a dependent position to promote blood flow Keep patient warm Administer prescribed vasodilation drugs as indicated Administer prescribed narcotics for pain Assist in pre- and postoperative care if surgery is performed to remove clot

TEST

24. Match to their correct definitions common diseases and disorders that affect blood and lymph. Write the correct numbers in the blanks.

_____a. Inability of normal red blood cells to carry oxygen to body as a result of the presence of abnormal crescent-shaped cells called hemoglobin S

_____b. Lack of intrinsic factor needed by body to absorb vitamin B_{12} from food

_____c. Destruction of bone marrow

_____d. Deficiency of Fe in the blood

_____e. Decreased production of white blood cells; neutropenia

_____f. Abnormal increase in white blood cells; reduces numbers of all other cells

_____g. Enlargement of the lymphoid tissue, spleen, and liver, with invasion of other tissues

_____h. Prolonged coagulation time that results in persistent and sometimes severe bleeding

_____i. Excessive production of red blood cells and hemoglobin

_____j. Infiltration of plasma cells in bone marrow with single or multiple malignant tumors

_____k. Small hemorrhages of vessels in skin or mucous membranes producing petechiae

_____l. Overgrowth of lymphocytes in lymph nodes, spleen, and lymphoid tissue

_____m. Enlargement of lymph nodes and spleen

1. Polychythemia vera
2. Agranulocytosis
3. Hemophilia
4. Sickle cell anemia
5. Multiple myeloma
6. Infectious mononucleosis
7. Pernicious anemia
8. Hodgkin's disease
9. Lymphosarcoma
10. Iron-deficiency anemia
11. Purpura
12. Aplastic anemia
13. Leukemia

TEST

25. Identify according to their symptoms and interventions common diseases and disorders that affect the blood and lymph. Write the correct names in the blanks.

Polycythemia vera
Agranulocytosis
Hemophilia
Sickle cell anemia
Multiple myeloma
Infectious mononucleosis
Pernicious anemia
Hodgkin's disease
Lymphosarcoma
Iron-deficiency anemia
Purpura
Aplastic anemia
Acute leukemia
Chronic leukemia

Disease or Disorder	Symptoms	Interventions
a. ______________ ______________	Swollen lymph glands in neck, axilla, or groin Swelling in upper left side of abdomen Anemia symptoms Weakness Fever Tendency to bleed easily Frequent secondary infections	Assist with diagnostic tests Administer transfusions as indicated Administer prescribed antibiotics Administer prescribed drugs as indicated to retard the production of leukocytes Provide emotional support and encouragement, and help family plan care
b. ______________ ______________	Sore mouth Diarrhea Numbness and tingling in extremities Irritability	Administer prescribed vitamin B_{12} and instruct patient in lifelong therapy of this injection
c. ______________ ______________	Chills and fever Ulcers on mucous membranes of mouth, throat, nose, rectum, and vagina Headaches	Assist in withdrawing of drugs in patient's system Protect patient from exposure and infection
d. ______________ ______________	Fever Jaundice of sclera Pain in arms, abdomen, and legs in early childhood Tender and rigid abdomen in crisis stage Headache, paralysis, and convulsions resulting from cerebral thrombosis	Assist in blood transfusions Give supportive treatment Give emotional support to patient and family

TEST

Disease or Disorder	Symptoms	Interventions
e. ______________ ______________	Weakness Fatigue Shortness of breath Tendency to bleed	Administer prescribed antibiotics as indicated to prevent infections Administer blood transfusions Assist in bone marrow punctures to assess condition Provide care before and following bone marrow transplant if used
f. ______________ ______________	Bleeding Acute infection Pain in bones Purpura	Administer transfusions immediately Provide care before and following bone marrow transplant if used Give supportive care Give emotional support to patient and family
g. ______________ ______________	Fatigue	Administer prescribed iron supplements Assist patients in selecting foods high in iron
h. ______________ ______________	Painless enlargement of lymph nodes until growth causes pressure on other tissues Loss of weight Fatigue Chills and fever Anemia symptoms Tendency to bleed	Assist with chemotherapy, x-ray therapy Administer prescribed antibiotics for any secondary infections Give supportive care Give emotional support to patient and family
i. ______________ ______________	Petechiae in mucous membranes Bleeding in other areas of body Bruises over affected areas	Administer prescribed ACTH and cortisone as indicated to provide symptomatic relief Administer platelet transfusions as indicated Provide pre- and postoperative care if splenectomy is needed Protect patient from trauma that may cause bleeding
j. ______________ ______________	Tendency to bleed from oozing to hemorrhage	Administer prescribed prothrombin and apply pressure on area as indicated Assist in administration of antihemolytic human plasma Give supportive care Give emotional support to patient and family Encourage genetic counseling

TEST

Disease or Disorder	Symptoms	Interventions
k. ____________ ____________	Vague pain in spine, pelvis, or ribs becoming more severe Pathological fractures as bone marrow is replaced by tumors Reduced resistance to infections	Give symptomatic care Administer prescribed analgesics for pain Encourage ambulation to prevent renal calculi Encourage increase in fluid intake Administer blood transfusions as indicated Administer prescribed antineoplastic drugs Give emotional support to patient and family
l. ____________ ____________	Enlargement of lymph nodes in spleen, cervical, inguinal and axillary areas	Administer prescribed corticosteroid drugs as indicated Provide pre- and postoperative care if surgical removal is needed Treat symptomatically Provide emotional support for patient and family
m. ____________ ____________	Reddish-purplish color of face and lips Weakness Fatigue Engorgement of capillaries and veins Dizziness Headache Enlargement of spleen	Assist in reduction of volume of circulating blood by phlebotomy Observe for appearance of thrombosis Administer prescribed antineoplastic drugs if indicated
n. ____________ ____________	Enlargement of lymph nodes General malaise Fever Sore throat Headache	Provide for rest Encourage optimal diet and fluid intake Caution patient against exposure that may lead to secondary infections

26. State nursing interventions for caring for a patient undergoing a bone marrow puncture.

a. ____

b. ____

c. ____

TEST

d. ______________________________

e. ______________________________

f. ______________________________

g. ______________________________

h. ______________________________

i. ______________________________

j. ______________________________

27. State nursing interventions for caring for a patient undergoing cardiovascular surgery.

a. ______________________________

b. ______________________________

c. ______________________________

d. ______________________________

e. ______________________________

f. ______________________________

28. Match to their correct descriptions common immunologic deficiency disorders found specifically in pediatric patients. Write the correct numbers in the blanks.

______a.	Acquired hemorrhagic disorder that results from excessive destruction of platelets	1. Disseminated intravascular coagulation (DIC)
______b.	Secondary disorder of coagulation that occurs with a number of pathological processes and many systemic diseases	2. Idiopathic thrombocytopenic purpura (ITP)

TEST

29. Identify according to their symptoms and interventions common immunologic deficiency disorders found specifically in pediatric patients. Write the correct names in the blanks.

Disseminated intravascular coagulation (DIC)

Idiopathic thrombocytopenic purpura (ITP)

Disorder	Symptoms	Interventions
a. ____________ ____________ ____________	Bruising with petechiae or ecchymoses over bony prominences Bleeding gums Epistaxis Hemorrhage symptoms depending on area of body Hematomas on lower extremities that may result in leg ulcers	Protect against trauma Administer prescribed corticosteroids as indicated Administer packed cells to symptomatic children Provide pre- and postoperative care if splenectomy is needed
b. ____________ ____________ ____________	Petechiae Bleeding from openings in skin Hypotension Dysfunction of organs from ischemia	Administer platelets and fresh frozen plasma as indicated Observe for symptoms of thrombus

(NOTE: Test questions 30 and 31 list the assignment and job sheets. They are an important part of this test. If they have not been completed, check with your instructor.)

30. Plan care for patients with diseases and disorders of the cardiovascular system.

31. Demonstrate the ability to

    a. Use rotating tourniquets.

    b. Administer heparin.

PN III - 821-A

ASSESSMENT AND MANAGEMENT OF DISEASES AND DISORDERS OF THE CARDIOVASCULAR SYSTEM
UNIT X

ANSWERS TO TEST

1. a. 6
   b. 13
   c. 7
   d. 11
   e. 14
   f. 9
   g. 1
   h. 12
   i. 4
   j. 5
   k. 10
   l. 8
   m. 2
   n. 3

2. a. Functional heart diseases
   b. Infectious/inflammatory diseases
   c. Coronary artery diseases (ischemic heart disorders)
   d. Compensation disorders
   e. Blood vessel diseases and disorders
   f. Peripheral vascular diseases and disorders
   g. Blood and lymph diseases and disorders

3. a, b, d, e, f, h, j, k

4. a. 3
   b. 1
   c. 2

5. a. Central venous pressure (CVP)
   b. Treadmill (stress test)

ANSWERS TO TEST

c. Electrocardiogram

d. Echocardiogram

e. Cardiac catheterization

f. Swan-Ganz catheterization

g. Coronary angiography

h. Nuclear scan

i. Coronary arteriography

6. a. 4 d. 5

   b. 3 e. 2

   c. 1

7. a. Electrocardiogram

   1) Explain procedure to patient

   2) Reassure patient that the procedure is not painful and that he or she will not receive any electric current

   3) Note on chart and EKG requisition whether patient is receiving a cardiac medication

   b. Echocardiogram

   1) Explain procedure to patient

   2) Reassure patient that radiation is not used in this type of test

   c. Nuclear scan

   1) Make sure that patient is NPO at least two to three hours before procedure

   2) Explain procedure to patient

   3) Observe for any reactions to thallium after procedure

   d. Cardiac catheterization

   1) Explain procedure to patient

ANSWERS TO TEST

   2) Obtain a completed informed consent prior to procedure
   3) Omit patient's breakfast the morning of procedure
   4) Instruct patient to void before going to radiology department
   5) Maintain bed rest for prescribed time following procedure
   6) Observe for any bleeding
   7) Observe color and skin temperature of extremity
   8) Check for presence or absence of pulse in extremity
   9) Take vital signs as indicated
   10) Position patient as indicated

e. Treadmill (stress test)
   1) Explain procedure to patient
   2) Monitor patient's vital signs after procedure

8. a. Observe patient carefully for any side effects from antihypertensive drugs
   b. Assist patient in selecting diet low in sodium
   c. Assist patient in a weight reduction program if needed
   d. Counsel patient in a program of good health habits, including sleep, exercise, and relaxation techniques

9. a. 2
   b. 3
   c. 1

10. a. Rheumatic fever
    b. Pericarditis
    c. Bacterial endocarditis

ANSWERS TO TEST

11. a. 1
    b. 2

12. a. Aortic stenosis
    b. Mitral stenosis

13. a. Angina pectoris
    b. Myocardial infarction

14. a. 2
    b. 1
    c. 3

15. a. Congestive heart failure
    b. Ventricular fibrillation
    c. Heart block

16. a. N
    b. N
    c. K
    d. N
    e. K
    f. K
    g. K
    h. N
    i. K
    j. K
    k. N
    l. K
    m. K
    n. N

17. b, c, e, f, h, i

18. a. Administer ordered medications to relieve patient's anxiety and to improve oxygen supply and reduce oxygen demand

ANSWERS TO TEST

- b. Reassure patient and assess vital signs frequently
- c. Administer prescribed oxygen
- d. Assist with IPPB treatments
- e. Administer medications as ordered for rapid digitalization and diuresis
- f. Insert urinary retention catheter as ordered
- g. Observe carefully for digitalis-induced toxicity
- h. Apply rotating tourniquets if ordered by physician
- i. Position in semi-Fowler's with arms supported
- j. Slow IV fluids to "keep open" rate

19.

a.	2	d.	1
b.	3	e.	6
c.	4	f.	5

20. Description should include the following

- a. Drug therapy
  - 1) Depress myocardial action
  - 2) Increase cardiac rhythmicity and contractility
  - 3) Depress conduction but increase contractile force
  - 4) Act on autonomic nervous system to increase heart rate
- b. Electrical therapy
  - 1) Apply cardioversion by electrical countershocks to heart through electrodes on chest wall
  - 2) Defibrillate by a shock of electricity to heart
  - 3) Maintain ventricular rate with a pacemaker and battery circuit that stimulates impulses

ANSWERS TO TEST

21. a. Explain procedure to patient and obtain a completed informed consent form

    b. Administer analgesics as ordered for discomfort

    c. Follow physician's orders regarding immobilization of affected side

    d. Monitor patient continually by checking blood pressure, pulse, and EKG pattern

    e. Observe patient for signs of displaced catheter tip

    f. Examine site for inflammation or swelling

    g. Check temperature routinely and report elevation

    h. Teach patient to monitor own pulse

    i. Give instructions to patient concerning home care and monitoring of pacemaker according to physician's instructions

22.	a.	4	d.	5
	b.	2	e.	1
	c.	6	f.	3

23. a. Aneurysm

    b. Raynaud's disease

    c. Varicose veins

    d. Buerger's disease

    e. Thrombophlebitis

    f. Embolism

24.	a.	4	f.	13	k.	11
	b.	7	g.	8	l.	9
	c.	12	h.	3	m.	6
	d.	10	i.	1		
	e.	2	j.	5		

ANSWERS TO TEST

25. a. Chronic leukemia
    b. Pernicious anemia
    c. Agranulocytosis
    d. Sickle cell anemia
    e. Aplastic anemia
    f. Acute leukemia
    g. Iron-deficiency anemia
    h. Hodgkin's disease
    i. Purpura
    j. Hemophilia
    k. Multiple myeloma
    l. Lymphosarcoma
    m. Polycythemia vera
    n. Infectious mononucleosis

26. a. Explain procedure to patient
    b. Obtain a completed informed consent prior to procedure
    c. Obtain all needed equipment and prepare area
    d. Reassure patient throughout procedure
    e. Assist physician as needed
    f. Ask patient to remain quiet and to rest for a short time after procedure
    g. Observe site for bleeding
    h. Document procedure and observations
    i. Assess lab report for any abnormalities and notify physician
    j. Observe site for signs of infection

ANSWERS TO TEST

27. a. Prepare patient

    b. Reinforce physician's explanation of procedure and answer questions of patient and family

    c. Obtain a completed informed consent prior to procedure

    d. Perform any preoperative procedures as indicated by physician

    e. Monitor patient frequently during immediate postoperative stage

    f. Keep patient's family informed of patient's progress

28. a. 2

    b. 1

29. a. Idiopathic thrombocytopenic purpura (ITP)

    b. Disseminated intravascular coagulation (DIC)

30. Evaluated to the satisfaction of the instructor

31. Performance skills evaluated to the satisfaction of the instructor

ASSESSMENT AND MANAGEMENT OF DISEASES AND DISORDERS OF THE GASTROINTESTINAL SYSTEM
UNIT XI

UNIT OBJECTIVE

After completing this unit, the student should be able to plan and give care to patients with diseases or disorders of the gastrointestinal system. The student will show this knowledge by completing the assignment sheet, job sheets, and unit test with a minimum score of 85 percent.

SPECIFIC OBJECTIVES

After completing this unit, the student should be able to

1. Match to their correct definitions terms associated with diseases and disorders of the gastrointestinal system.
2. List types of conditions that affect the gastrointestinal system.
3. Match to their correct descriptions common procedures used to diagnose diseases and disorders of the gastrointestinal system.
4. State nursing interventions for caring for patients undergoing gastric diagnostic procedures.
5. Match diseases and disorders of the mouth to their correct descriptions.
6. Identify diseases and disorders of the mouth according to their symptoms and interventions.
7. Match diseases and disorders of the esophagus to their correct descriptions.
8. Identify diseases and disorders of the esophagus according to their symptoms and interventions.
9. Match diseases and disorders of the stomach to their correct descriptions.
10. Identify diseases and disorders of the stomach according to their symptoms and interventions.
11. Match to their correct descriptions diseases and disorders of the large and small intestines.
12. Identify according to their symptoms and interventions diseases and disorders of the large and small intestines.
13. Match to their correct descriptions diseases and disorders of the sigmoid colon and rectum.

OBJECTIVE SHEET

14. Identify diseases and disorders of the sigmoid colon and rectum according to their symptoms and interventions.

15. Match diseases and disorders of the liver to their correct descriptions.

16. Identify diseases and disorders of the liver according to their symptoms and interventions.

17. Match to their correct descriptions diseases and disorders of the gallbladder and pancreas.

18. Identify according to their symptoms and interventions diseases and disorders of the gallbladder and pancreas.

19. Match to their correct definitions surgical procedures and interventions used to treat diseases and disorders of the gastrointestinal system.

20. Select from a list general nursing interventions for caring for patients with ostomies.

21. State general nursing interventions for caring for patients undergoing gastric surgery.

22. Select from a list nursing interventions for the treatment of obesity.

23. Match to their correct descriptions diseases and disorders of the gastrointestinal system that specifically affect the pediatric patient.

24. Identify according to their symptoms and interventions diseases and disorders of the gastrointestinal system that specifically affect the pediatric patient.

25. Plan care for patients with diseases and disorders of the gastrointestinal system.

26. Demonstrate the ability to

    a. Irrigate a nasogastric tube.

    b. Irrigate a colostomy.

    c. Change an ostomy appliance.

    d. Check a pediatric patient for pinworms.

    e. Give a gastrostomy feeding.

ASSESSMENT AND MANAGEMENT OF DISEASES AND DISORDERS OF THE GASTROINTESTINAL SYSTEM
UNIT XI

SUGGESTED ACTIVITIES

I. Unit contents

   A. Objective sheet

   B. Suggested activities

   C. Information sheet

   D. Assignment Sheet #1 — Plan Care for Patients with Diseases and Disorders of the Gastrointestinal System

   E. Answers to assignment sheet

   F. Job sheets

      1. Job Sheet #1 — Irrigate a Nasogastric Tube

      2. Job Sheet #2 — Irrigate a Colostomy

      3. Job Sheet #3 — Change an Ostomy Appliance

      4. Job Sheet #4 — Check a Pediatric Patient for Pinworms

      5. Job Sheet #5 — Give a Gastrostomy Feeding

   G. Test

   H. Answers to test

II. Instructor's guide

   A. Order filmstrips to supplement unit.

   (NOTE: The following filmstrips are available from the Trainex Corporation, P. O. Box 116, Garden Grove, California 92642.)

      1. *Cancer of the Colon and Rectum*

      2. *Cholecystectomy*

      (NOTE: This filmstrip presents information on disorders of the biliary tract, calculus biliary disease, and an appraisal of cholecystectomy/alternatives to surgery.)

SUGGESTED ACTIVITIES

3. *Cholecystitis*

   (NOTE: This filmstrip presents information on disorders of the biliary tract, and cholecystitis pain.)

4. *Colon/Colostomies*

   (NOTE: This series contains five sets of filmstrips and tapes: *Cancer of the Colon and Rectum*, *Colostomy Care*, *Colostomy Care at Home*, *Colostomy Irrigation*, and *Learning About Your Colostomy*.)

5. *Gastric and Gastrointestinal Decompression*

6. *Nasogastric Intubation*

7. *Care of the Patient with a Gastroduodenal Ulcer*

8. *Care of the Patient with Cirrhosis*

9. *Care of the Patient with Gastrointestinal Ulcer Surgery*

10. *Gastrointestinal Bleeding*

11. *Intestinal Disturbances*

12. *Ileostomy Care at Home*

13. *Thoracentesis and Abdominal Paracentesis*

14. *Pediatric Abdominal Surgery*

B. Introduce unit by reinforcing the relationship of the digestive system to all the other systems.

SUGGESTION:

- Ask students to write down each system in the body and the part that the digestive system plays in the functioning of these systems.

C. Review students' knowledge of the normal anatomy and physiology of the digestive system.

SUGGESTIONS:

- Give students unit test from *Practical Nursing: Volume I*, Unit VIII, "The Digestive System and Metabolism," to review anatomy and physiology.

- Place numbers on a model of the digestive organs, and place slips of paper with matching numbers in a container (Squirms can if you have one). Ask students to draw numbers from the container. The student will be expected to give the name of the organ and its main function.

SUGGESTED ACTIVITIES

D. Provide students with objective sheet.

E. Discuss unit and specific objectives.

F. Provide students with information, assignment, and job sheets.

G. Discuss information, assignment, and job sheets.

1. Stress the many conditions that affect the gastrointestinal system. Use Information Sheet, Sections I and II.

   SUGGESTION:

   - Have students provide examples of familiar diseases and disorders related to the conditions given in Sections I and II.

2. Discuss Information Sheet, Sections III and IV. Emphasize the importance of the nurse's knowledge of the various types of diagnostic tests used for the gastrointestinal system and the interventions needed to ensure accuracy and patient safety.

   SUGGESTIONS:

   - Ask students to keep a file of common preparations used in their clinical facility that are required before and after diagnostic procedures.

   - Ask team leaders to check the Kardex and charts and to note particular orders from physicians for specific diagnostic procedures. Have team leaders report their findings to the class.

3. Review the techniques used to assess the mouth, especially in observing for symptoms of specific diseases and disorders. Use Information Sheet, Section V.

   SUGGESTIONS:

   - Use a model to show techniques, then have students use tongue blades and flashlights to examine classmates' mouths.

   - Show pictures from various medical-surgical texts of diseases and disorders that affect the mouth.

4. Discuss Information Sheet, Section VI. Remind students how important oral hygiene is in treating diseases and disorders of the mouth.

   SUGGESTION:

   - Review students in techniques of oral irrigations and the use of lemon-glycerine swabs to give comfort and to cleanse dried secretions from the mouth.

SUGGESTED ACTIVITIES

5. Discuss Information Sheet, Sections VII through X to reinforce knowledge of good nutrition and techniques of reducing stress for patients with diseases and disorders of the esophagus and stomach.

   SUGGESTIONS:

   - Discuss types of feedings or formulas used for a variety of diseases and disorders of the gastric system. If possible, have students taste the various formulas.
   - Demonstrate the skills in Job Sheet #1. Have students perform Job Sheet #1, allowing them to practice irrigating a nasogastric tube until they are competent.
   - Show pictures or actual tubes used in the treatment of diseases and disorders of the gastric system. Relate the uses for each item.
   - Review the process of checking for tube placement as given in *Practical Nursing: Volume I*, Section A, Unit I, Job Sheet #2 — Perform a Gavage/Tube Feeding.

6. Discuss Information Sheet, Sections XI through XIV. Emphasize the importance of recognizing the symptoms and intervening promptly with patients who have diseases and disorders of the large and small intestines, the sigmoid colon, or the rectum.

   SUGGESTION:

   - Discuss the differences in symptoms of the various diseases and disorders of the intestine, the sigmoid colon, and rectum. Stress the importance of assessing elimination habits and the diets of these patients.

7. Discuss Information Sheet, Sections XV through XVIII. Stress the importance of recognizing early symptoms of biliary disease to prevent irreparable damage to these organs.

   SUGGESTIONS:

   - Review laboratory values that indicate liver damage. Discuss symptoms that are seen in patients with liver damage.
   - Show filmstrip *Care of the Patient with Cirrhosis*, and show the *Cholecystectomy* series.
   - Ask students to write a care plan for a patient with cirrhosis or cholecystitis.

SUGGESTED ACTIVITIES

8. Discuss Information Sheet, Section XIX. Provide realistic supplemental information or clinical experience to assist students in understanding surgical interventions and procedures used to treat diseases and disorders of the gastrointestinal system.

   SUGGESTIONS:

   - Show filmstrips *Care of the Patient with Gastrointestinal Ulcer Surgery*, *Cholecystectomy*, and *Pediatric Abdominal Surgery*.
   - Obtain permission for students to observe surgical procedures for the gastrointestinal system.

9. Discuss Information Sheet, Section XX. Emphasize the need for emotional support in caring for patients with colostomies and iliostomies.

   SUGGESTIONS:

   - Demonstrate skills in Job Sheets #2 and #3. Have students perform Job Sheets #2 and #3, allowing them to practice until competent.
   - Show filmstrip *Colon/Colostomies*.
   - Invite a local representative from the Ostomy Club or an ostomy clinician to speak to the class about the life-style of a patient with an ostomy. Have the speaker explain how nurses can assist in the adaptation process.

10. Discuss Information Sheet, Section XXI. Use Section XXI to assist students in completing Assignment Sheet #1, care plans for patients undergoing gastric surgery.

11. Discuss Information Sheet, Section XXII. Provide information to students concerning various types of programs for treatment of obese patients.

    SUGGESTION:

    - Ask students to research the different types of weight reduction programs, including those that are currently under investigation as being unsound and unhealthy. Discuss the advantages and disadvantages of the various programs.

12. Discuss Information Sheet, Sections XXII and XXIV. Review genetic factors that may be the cause of a number of diseases and disorders of the gastrointestinal system in pediatric patients.

SUGGESTED ACTIVITIES

SUGGESTIONS:

- Discuss some of the current information concerning prenatal care and genetics and how these factors affect the development of gastrointestinal organs in the developing embryo.
- Use Assignment Sheet #1 to assist students in planning care for a pediatric patient with diseases and disorders of the gastrointestinal system.
- Demonstrate skills in Job Sheets #4 and #5. Have students complete Job Sheets #4 and #5, allowing them to practice until competent.

H. Give test.

I. Reteach and retest if necessary.

III. Unit references

A. Brunner, Lillian Sholtis, and Doris Smith Suddarth. *The Lippincott Manual of Nursing Practice*, 3rd ed. Philadephia: J. B. Lippincott Company, 1982.

B. Brunner, Lillian Sholtis, and Doris Smith Suddarth. *Textbook of Medical-Surgical Nursing*, 4th ed. Philadelphia: J. B. Lippincott Company, 1980.

C. Rogers, Helen V. *Nursing III: A Course of Study*. Stillwater, Oklahoma: State Department of Vocational and Technical Education/Curriculum and Instructional Materials Center, 1976.

D. Rosdahl, Caroline Bunker. *Textbook of Basic Nursing*, 3rd ed. Philadelphia: J. B. Lippincott Company, 1981.

E. Scherer, Jeanne C. *Introductory Medical-Surgical Nursing*, 3rd ed. Philadelphia: J. B. Lippincott Company, 1982.

F. Whaley, Lucille F., and Donna L. Wong. *Essentials of Pediatric Nursing*. St. Louis: The C. V. Mosby Company, 1982.

ASSESSMENT AND MANAGEMENT OF DISEASES AND DISORDERS OF THE GASTROINTESTINAL SYSTEM
UNIT XI

INFORMATION SHEET

I. Terms and definitions

   A. Halitosis — Offensive breath

   B. Tortuous — Marked by repeated twists, bends, or turns

   C. Eructation — Producing gas from the stomach; belching

   D. Hematemesis — Vomiting of blood

   E. Dyspepsia — Imperfect or painful digestion

   F. Epistaxis — Nosebleed

   G. Hypertrophy — Increase in size of an organ or structure that does not involve a tumor formation

   (NOTE: The term *hypertrophy* usually refers to an increase in size or bulk not caused by an increase in the number of cells or tissue elements.)

   H. Hepatomegaly — Enlargement of liver

   I. Splenomegaly — Enlargement of spleen

   J. Jaundice (icterus) — Yellowness of skin, sclera, mucous membranes, and body fluids due to depositing of bile pigment from excessive bilirubin in blood

   (NOTE: Jaundice is seen as a major symptom in a variety of diseases and disorders that affect the biliary tract. The normal bilirubin concentration in blood is 0.0 to 1.0 milligrams per 100 milliliters of blood. Any time there is over 3.0 milligrams of bilirubin per 100 milliliters of blood, jaundice can be observed. Patients with jaundice tend to have abnormal bleeding tendencies, excessive fluid retention, and possibly impairment of both the central nervous system and the peripheral nervous system.)

II. Types of conditions that affect the gastrointestinal system

   A. Infectious diseases

   EXAMPLES: Colitis, peritonitis

   B. Traumatic injuries

   EXAMPLES: Laceration of liver, rupture of spleen

INFORMATION SHEET

C. Cancer

EXAMPLE: Leukoplakia

D. Malabsorption disorders

EXAMPLE: Celiac disease

E. Structural defects

EXAMPLE: Imperforate anus

F. Inflammatory diseases

EXAMPLE: Ulcer

G. Obstructive disorders

EXAMPLES: Pyloric stenosis, intussusception

III. Descriptions of common procedures used to diagnose diseases and disorders of the gastrointestinal system

(NOTE: Various blood studies may be used to diagnose some diseases and disorders of the gastrointestinal system.)

A. Gastric analysis — Withdrawal of gastric secretions through a nasogastric tube at prescribed intervals to determine degree of acidity in gastric tract

(NOTE: The amount of hydrochloric acid, and the absence or presence of bacteria, bile, or blood can be evaluated through the gastric analysis. The test can be used to assess gastric bleeding, pernicious anemia, and gastric carcinoma.)

B. Test meal gastric analysis — Withdrawal of digestive secretions through a nasogastric tube after patient has ingested a prescribed diet

C. Tubeless gastric analysis — Collection of urine specimens at specified times after ingestion of a dye to determine presence of hydrochloric acid

(NOTE: If hydrochloric acid is present, the urine specimen will be blue; if not, the urine will not change color. This test is used as a screening procedure because it does not require the use of a nasogastric tube.)

INFORMATION SHEET

D. Stool specimen — Collection of small amount of feces to evaluate presence of pus, blood, tissue, and parasites or to determine digestive function

(NOTE: When checking for blood in the feces, a guaiac test may be performed. A kit containing the solution, tablet, paper, or test sticks is available to use in this procedure.)

E. Liver biopsy — Withdrawal of a small sample of liver tissue by inserting a long needle with an inner-cutting cannula into liver

F. Gastroscopy — Visualization of stomach through a scoping instrument

(NOTE: Areas of the gastric tract may be examined through the use of a scope device specifically designed for that particular area of the body. A biopsy of various tissues may be done through this scoping instrument.)

EXAMPLES: Esophagoscopy, proctoscopy, sigmoidoscopy

G. Gastrointestinal series — Visualization of upper gastrointestinal tract by radiography after ingestion of a barium suspension

H. Barium enema — Visualization of lower intestinal tract by radiography after instillation of barium through a rectal tube

I. Liver scan — Visualization of liver by a scanner to observe for anatomical changes, masses, and biliary patency after intravenous administration of radioactive substances

J. Cholecystogram — Visualization of gallbladder by radiography after oral ingestion or intravenous injection of a dye

K. Cholangiogram — Visualization of bile ducts by radiography after the direct administration of a dye

L. Abdominal paracentesis — Withdrawal of fluid from abdomen through a needle or catheter for analysis

(NOTE: An abdominal paracentesis is used either as a diagnostic procedure to evaluate bleeding or infection, or as a therapeutic procedure to drain ascites to relieve pressure.)

M. Ultrasonography — Detection and location of positions of body structures in varying densities by recording of echoes of ultrasonic waves reflected from these structures

INFORMATION SHEET

IV. Nursing interventions for caring for patients undergoing gastric diagnostic procedures

A. Gastric analysis

1. Explain procedure to patient
2. Assist with insertion of nasogastric tube
3. If ordered, administer histamine subcutaneously after first specimen is collected

   (NOTE: Histamine stimulates gastric secretions and may be ordered by the physician. After the histamine injection, the nurse must observe the patient closely for symptoms of shock such as pallor, sweating, and weak and rapid pulse.)

4. Obtain specimens at prescribed intervals and send to laboratory
5. Remove or assist with removal of nasogastric tube
6. Document procedure and patient care
7. Note and report results

B. Test meal gastric analysis

1. Explain procedure to patient
2. Give test meal to patient as ordered

   (NOTE: The test meal will be given to the patient early in the morning after the patient has been NPO the night before. The patient should understand that all of the meal should be consumed.)

3. Assist with insertion of nasogastric tube
4. Obtain specimens at prescribed intervals and send to laboratory
5. Remove or assist with removal of nasogastric tube
6. Document procedure and patient care
7. Note and report results

C. Tubeless gastric analysis

1. Explain procedure to patient

INFORMATION SHEET

2. Obtain urine specimen in early morning after patient has been NPO the night before

3. Administer medication as indicated

   (NOTE: Various types of medications and dyes are given to obtain results. Be familiar with the type used in your facility.)

4. Obtain urine specimen at prescribed time and check for presence of dye

5. Document procedure and patient care

6. Note and report results

D. Gastroscopy and esophagoscopy

1. Obtain completed informed consent prior to procedure

2. Administer any prescribed medications

   (NOTE: Sedatives and/or atropine to decrease secretions may be given before the procedure.)

3. Hold food and fluids until gag reflex returns after procedure

4. Administer prescribed analgesics for discomfort

5. Observe for difficulty in swallowing, and notify supervisor or physician

6. Document procedure and patient care

7. Note and report results

E. Proctoscopy and sigmoidoscopy

1. Obtain completed informed consent prior to procedure

2. Obtain equipment and prepare room

   (NOTE: Proctoscopy and sigmoidoscopy are usually performed in separate treatment rooms with specially designed exam tables for positioning the patient in a jackknife position.)

3. Prepare patient as indicated by physician

   (NOTE: The physician will order the type of cathartic or enemas to prepare the bowel for examination.)

INFORMATION SHEET

4. Escort patient to exam room and drape for examination
5. Assist physician as needed
6. Reassure patient throughout procedure
7. Escort patient back to room and make comfortable
8. Document procedure and patient care
9. Note and report results

F. Gastrointestinal series and barium enema

1. Explain procedure to patient
2. Prepare patient as indicated by radiology procedures

   (NOTE: Various types of preps are used to empty the entire alimentary tract before these procedures. Cathartics and enemas may be used the evening before or the morning of the test. The nurse should be familiar with the facility's procedure.)

3. After procedure, observe patient for elimination of barium

   (NOTE: The patient will pass the barium with the normal feces following the procedure. The color and consistency of the material will indicate this process.)

4. Document procedure and patient care
5. Note and report results

G. Stool specimen

1. Explain procedure to patient and ask for cooperation in obtaining specimen

   (NOTE: The patient should understand that only a small portion of the stool is needed for examination and should be told to call the nurse for assistance if needed.)

2. Obtain specimen, label correctly, and send to laboratory
3. Document procedure and patient care
4. Note and report results

H. Liver biopsy

1. Obtain completed informed consent prior to procedure

INFORMATION SHEET

2. Obtain equipment and assist physician throughout procedure
3. Assist the patient in assuming the correct position
4. Give reassurance throughout procedure
5. Position patient on right side and apply pressure to biopsied site for four to six hours following procedure
6. Observe for any signs of bleeding, either into abdomen or from site
7. Document procedure and patient care
8. Note and report results

I. Liver scan

1. Obtain completed informed consent prior to procedure
2. Prepare patient as indicated by radiology procedures
3. After procedure, observe patient for adverse effects from substance injected
4. Document procedure and patient care
5. Note and report results

J. Abdominal paracentesis

1. Obtain completed informed consent prior to procedure
2. Prepare abdomen as prescribed by physician
3. Obtain equipment and assist throughout procedure
4. Measure all fluid obtained, prepare specimens as indicated, and send to laboratory
5. Document procedure and patient care
6. Note and report results

K. Cholecystogram

1. Obtain completed informed consent prior to procedure
2. Prepare patient as indicated by radiology procedures

INFORMATION SHEET

L. Ultrasonogram

1. Explain procedure to patient
2. Prepare patient as indicated by ultrasound technician
3. Document procedure and patient care
4. Note and report results

V. Descriptions of diseases and disorders of the mouth

A. Stomatitis and gingivitis — Inflammation of mouth and gums

(NOTE: There are a variety of types of diseases and disorders that cause inflammation of the mouth and gums. Nutritional deficiencies, poor mouth care, systemic infections, reactions to drugs, mechanical trauma, and local infections irritation are just a few causes of stomatitis and gingivitis.)

B. Vincent's angina (trench mouth) — Ulceration of gums, oral mucous membranes, pharynx, and tonsils

(NOTE: The causative organisms for Vincent's angina are Bacillus fusiformis and Borrelia vincentii.)

C. Herpes simplex (cold sore or fever blister) — Vesicular eruptions, usually found where mucous membrane joins skin

(NOTE: Herpes simplex is caused by herpesvirus hominis.)

D. Pyorrhea alveolaris — Inflammation of gums, with degenerative changes of bones, sometimes with a purulent discharge

(NOTE: Pyorrhea alveolaris begins with periodontitis caused by collection of food, bacteria, and calcium deposits between tooth roots and gum line. If not treated, the infection spreads to the bone structure and may result in systemic infection.)

INFORMATION SHEET

VI. Symptoms and interventions for diseases and disorders of the mouth (Table 1)

TABLE 1

Disease or Disorder	Symptoms	Interventions
Stomatitis and gingivitis	Pain Swelling of oral mucosa or gingiva Increased salivation Severe halitosis Blisters or ulcerations on oral mucous membranes	Provide nutritious diet Cleanse mouth with prescribed solution Encourage good oral hygiene Administer prescribed antibiotics (NOTE: Specific treatment and interventions depend on the specific causative agent.)
Vincent's angina (trench mouth)	Ulcers covered by grayish membrane over gums, mucous membranes, pharynx, and tonsils Enlargement of lymph nodes beneath jaw Swollen, bleeding gums Fever	Provide nutritious diet Assist in debridement of sloughing tissue Administer prescribed antibiotics Encourage good oral hygiene
Herpes simplex (cold sore or fever blister)	Thin-walled vesicles on gingiva and oropharynx Discomfort in affected area	Administer prescribed topical medications
Pyorrhea alveolaris	Purulent discharge Recession of gums Loose teeth Degeneration of alveolar bone	Assist with drainage of infected area Administer prescribed antibiotics Encourage good oral hygiene Encourage good dental care
Leukoplakia	White patches or spots on mucous membranes of tongue or cheek	Assist with removal of lesions Encourage patient to refrain from smoking if source of irritation (NOTE: Specific treatment and interventions depend on severity of condition.)

VII. Descriptions of diseases and disorders of the esophagus

A. Esophageal diverticulum — Sac or pouch, usually at the point where organ passes through neck area

(NOTE: Diverticula may occur in other areas of the body such as the duodenum, jejunum, or the stomach.)

INFORMATION SHEET

B. Esophageal varices — Tortuous dilation of veins in esophagus

(NOTE: The veins in the esophagus may rupture, causing massive hemorrhage if not controlled. Esophageal varices may result from cirrhosis of the liver.)

C. Cardiospasms — Spasms in cardiac sphincter and lower end of esophagus that prevent food from passing into stomach

D. Achalasia — Failure of smooth muscle of gastric tract to relax, especially in lower esophagus

(NOTE: Emotional upsets seem to trigger achalasia. If chronic, achalasia causes the esophagus to dilate above the stricture area and impairs peristalsis.)

VIII. Symptoms and interventions for diseases and disorders of the esophagus (Table 2)

TABLE 2

Disease or Disorder	Symptoms	Interventions
Esophageal diverticulum	Severe halitosis (NOTE: This symptom is due to bits of food that have built up in the pouch.)	Provide blenderized meals and supplemental vitamins Administer prescribed antacid, antiemetics, and give bland diet Place patient in semi-Fowler's position Provide pre- and postoperative care if surgery is indicated
Cardiospasms	Vomiting Emaciation	Assist with dilation of cardiac sphincter Provide pre- and postoperative care if surgery is indicated
Achalasia	Sternal pain Feeling of fullness Vomiting without nausea	Observe for aspiration of stomach contents into respiratory passages Provide small, bland, low-bulk diet Encourage patient to eat slowly Assist patient in avoiding stress Position in a semi-Fowler's position for sleep Assist with dilation Provide pre- and postoperative care if surgery is indicated

INFORMATION SHEET

Disease or Disorder	Symptoms	Interventions
Cancer	*Initially—* Persistent difficulty in swallowing *Later—* Regurgitation of food Emaciation	Give supportive care Explain types of therapy and prepare patient appropriately Provide pre- and postoperative care if surgery is indicated (NOTE: Be especially observant for bleeding and aspiration of fluids in the postoperative period.)
Esophageal varices	Vomiting of bright red blood Varying degrees of pain	Assist in controlling bleeding as indicated by physician (NOTE: A Sengstaken-Blakemore tube with compression balloons may be inserted to control esophageal bleeding. See Figure 1.) Assist with and monitor transfusion for blood replacement Provide pre- and postoperative care if surgery is indicated

INFORMATION SHEET

EXAMPLE:

FIGURE 1

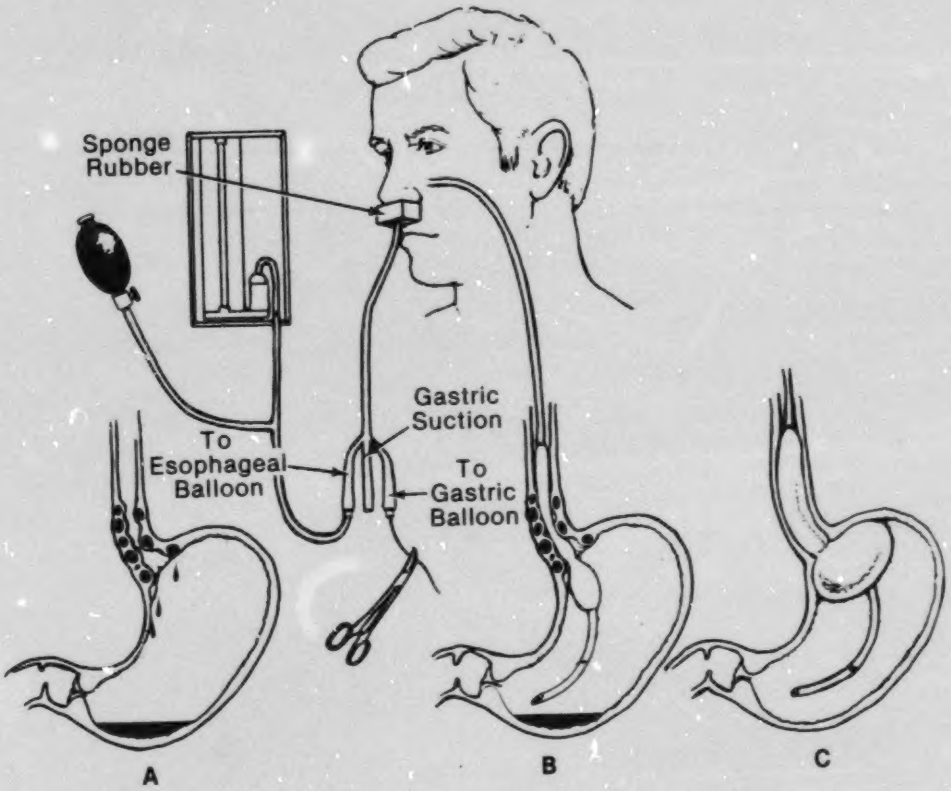

Sponge Rubber
Gastric Suction
To Esophageal Balloon
To Gastric Balloon
A
B
C

Diagram showing esophageal varices and their treatment by a compressing balloon tube (Sengstaken-Blakemore). **A**—Dilated veins of the lower esophagus; **B**—the tube is in place in the stomach and the lower esophagus, but is not inflated; **C**—inflation of the tube and the compression of the veins that can be obtained by inflation of the balloon.

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INFORMATION SHEET

IX. Descriptions of diseases and disorders of the stomach

A. Hiatus (hiatal) hernia — Protusion of stomach upward into mediastinal cavity and through esophageal cleft of diaphragm

B. Gastritis — Inflammation of stomach

(NOTE: Gastritis may be acute or chronic depending on the cause.)

C. Peptic ulcer — Lesion in mucosa of duodenum or stomach

X. Symptoms and interventions for diseases and disorders of the stomach (Table 3)

TABLE 3

Disease or Disorder	**Symptoms**	**Interventions**
Hiatus (hiatal) hernia	Discomfort Feeling of fullness Abnormal stomach sounds Difficulty in eructating, with bleeding and pain (NOTE: A small hernia may not cause any symptoms.)	Maintain patient in a sitting position after eating Encourage patient to lose weight if hernia is small and slides back and forth Administer prescribed antacids Provide small, frequent, bland meals Provide pre- and postoperative care if surgery is indicated
Gastritis	Nausea and vomiting Tenderness or pain in epigastric area Moderate fever if acute	Provide symptomatic care for acute stage Administer prescribed antispasmodics, antacids, and sedatives for chronic stage
Cancer (NOTE: Unfortunately, cancer of the stomach is usually silent and diagnosis is not made until metastasis has occurred.)	Sudden dyspepsia not relieved by eating Unexplained weight loss General weakness "Coffee-ground" emesis Absence of free hydrochloric acid in stomach	Give supportive care Provide pre- and postoperative care (NOTE: A total gastrectomy may need to be performed and possibly a splenectomy if the cancer has spread.)

INFORMATION SHEET

Disease or Disorder	Symptoms	Interventions
Peptic ulcer	Gnawing pain in epigastrium, usually appearing one to three hours after a meal Indigestion Acid eructations Nausea and vomiting Diarrhea with loss of weight Hyperacidity of gastric juices Hemorrhage on perforation indicated by hematemesis and tarry stools	Administer prescribed anticholinergics as needed Give emotional support Maintain quiet environment with bed rest Observe for complications of perforations Administer prescribed antacids or antispasmodics Provide frequent, small, bland feedings Encourage patient to omit coffee, tea, and carbonated and alcoholic beverages from diet Instruct patient to avoid irritating drugs such as aspirin and steroids Provide pre- and postoperative care if surgery is indicated

XI. Descriptions of diseases and disorders of the large and small intestines

A. Ulcerative colitis — Inflammation and ulceration of mucosa of colon and rectum

B. Crohn's disease (regional enteritis) — Chronic inflammation of small intestine that thickens tissue of terminal ileum and forms scar tissue and granulomas

C. Chronic or acute constipation — Infrequent defecation and passage of hard, dry fecal material

(NOTE: In addition to diseases, chemical dependency, mechanical obstruction, and psychosomatic disorders may lead to constipation.)

D. Diarrhea — Frequent passage of abnormally watery bowel movements

E. Diverticulitis — Inflammation of diverticulum or diverticula in intestinal tract, especially in the colon; due to impaction of fecal material in pouches

(NOTE: Outpouching along the intestine is known as *diverticulosis*.)

F. Appendicitis — Inflammation of vermiform appendix

G. Peritonitis — Inflammation of peritoneum

(NOTE: Peritonitis is a serious condition that can cause death if not quickly treated. In the upper abdomen it is usually caused by perforation of the intestine causing the normal bacteria to infect the peritoneum. The most common causes of perforation are appendicitis, ulcers, abscessed diverticula, and malignant growths.)

INFORMATION SHEET

H. Ileus — Obstruction of intestine

(NOTE: The obstruction may be due to mechanical or chemical factors and occurs when normal peristalsis cannot occur. A paralytic ileus may be caused from post-anesthesia paralysis, complications from peritonitis, inactivity, large doses of narcotics, trauma, or nerve damage.)

I. Abdominal hernia — Protrusion of intestine through abdominal wall

(NOTE: When the abdominal wall is weak, hernias can develop, causing the intestine to push or fall through the opening. Hernias can develop through the umbilicus, the inguinal area in the groin, the femoral canal, and incisional areas following surgery. If a hernia cannot be reduced, strangulation may occur, causing a life-threatening condition.)

XII. Symptoms and interventions for diseases and disorders of the large and small intestines (Table 4)

TABLE 4

Disease or Disorder	Symptoms	Interventions
Ulcerative colitis	Diarrhea Stools with blood and mucus Tenesmus Abdominal cramps Fecal incontinence Nausea Vomiting Weakness Loss of weight Hypokalemia Dehydration Multiple abscesses of intestinal mucosa	Assist with diagnostic tests Give supportive care Assist in maintaining rectal sphincter control to decrease incontinence Treat skin around anus with protective emollient Offer fluids frequently and keep an accurate I & O Provide a nonirritating, bland diet Administer prescribed vitamin K Avoid giving patient ice as it causes gas formation Administer prescribed medications to slow peristalsis Administer prescribed sulfa drugs and corticosteroids Measure patient's abdomen daily and observe for symptoms of constipation Assess patient's life-style; help find alternatives to reduce stress Provide pre- and postoperative care if surgery is indicated

INFORMATION SHEET

Disease or Disorder	Symptoms	Interventions
Crohn's disease	Abdominal cramps following meals Weight loss Possible anemia Chronic diarrhea Occult blood in stool Melena Low-grade fever if abscesses present Lymphadenitis in mesenteric nodes Abdominal tenderness, especially in RLQ (NOTE: Symptoms may be abrupt or insidious.)	Assist with diagnostic tests Provide diet low in residue, fat, and roughage, but high in calories, carbohydrates, and proteins with vitamin supplements Administer prescribed iron supplements for anemia Treat cramps and diarrhea symptomatically Administer prescribed antimicrobials and sulfa drugs to control infections Provide pre- and postoperative care if surgery is needed to relieve segments that have become obstructed Provide supportive care (NOTE: Recurrence of the disease is possible even after surgery. Patients need emotional support.)
Chronic or acute constipation	Infrequent, hard bowel movements Abdominal distention Discomfort in abdomen Anorexia	Encourage fluid intake Provide diet high in bulk Encourage patient to follow a regular schedule for defecation Warn patient not to strain when defecating Assess cause of condition Check for impaction and remove
Diarrhea	Severe anal and abdominal cramps Frequent, light-colored, watery, foul-smelling stools, sometimes containing undigested food and mucus	Isolate patient until cause is found Collect stool specimen for examination Administer prescribed medications Observe and document number and type of stools Provide prescribed diet
Diverticulitis	Unrelieved constipation Stools containing mucus Gripping pain in abdomen at intervals Fever Nagging pain in LLQ of abdomen	Provide a bland diet Administer stool softener as prescribed Observe for symptoms of perforation

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Disease or Disorder	Symptoms	Interventions
Appendicitis **(CAUTION: Symptoms of appendicitis are common to many other conditions. Caution patients suffering from abdominal pain NOT to take an enema or cathartic, drink or eat, apply heat to abdomen, or take any analgesics until they have seen a physician.)**	Severe generalized pain in abdomen that later localizes in RLQ of abdomen Rebound tenderness in RLQ of abdomen Fever Nausea Vomiting Elevation of white count	Provide pre- and postoperative care
Peritonitis	Chills and fever Rapid pulse Persistent vomiting Constipation Abdominal distention Intense abdominal pain Shallow respirations due to intensity of pain	Avoid jarring or quick movement when turning or lifting patient to prevent intense pain in abdomen Provide pre- and postoperative care Observe postoperatively for symptoms of abscess or evisceration
Ileus	Severe cramping pain Constipation Abdominal distention Weakness Thirst Severe halitosis Nausea and vomiting of fecal material Dehydration	*Partial obstruction—* Administer prescribed laxatives or stool softeners Assist in decompression of distention through intubation and suctioning Maintain and monitor fluid replacement Observe for symptoms of total obstruction *Total obstruction—* Provide pre- and postoperative care when surgery is indicated

INFORMATION SHEET

Disease or Disorder	Symptoms	Interventions
Abdominal hernia	Pressure in area Visible protrusion or palpable mass (NOTE: If area becomes swollen, inflamed, and painful, the hernia has become strangulated. Emergency measures should be taken.)	Assist patient in applying truss if prescribed to reduce hernia Provide pre- and postoperative care if surgery is indicated
Cancer	Changes in bowel habits Blood in stool Symptoms of anemia Obstruction or ileus	Give supportive care Provide pre- and postoperative care for surgery to remove growth (NOTE: Cancer of the colon is easier to diagnose and treat in the early stages due to easier access to the area with proctoscopy.)

XIII. Descriptions of diseases and disorders of the sigmoid colon and rectum

A. Hemorrhoid — Mass of dilated, tortuous veins in anorectum

(NOTE: Hemorrhoids may be internal or external.)

B. Anal fistula — Abnormal tubelike passage from anus to another cavity

(NOTE: An anal fistula may be congenital due to incomplete closure of cavities, or may result from anal abscesses, injuries, or inflammatory disorders.)

C. Anal fissure — Ulcer in skin of anal wall

D. Pilonidal cyst — Closed fistula in upper end of intergluteal cleft

(NOTE: Pilonidal cysts usually contain hair follicles that may become infected. Usually these follicles will open and drain; if they do not, surgery may be necesary. The cyst may form again even after surgery.)

INFORMATION SHEET

XIV. Symptoms and interventions for diseases and disorders of the sigmoid colon and rectum (Table 5)

TABLE 5

Disease or Disorder	Symptoms	Interventions
Hemorrhoids	External protrusion of tortuous veins around anus Pain in rectal area, especially after bowel movement Itching around anus Bleeding from internal varices	*Medical—* Apply warm compresses and prescribed anesthetic ointments, or provide warm sitz baths Administer prescribed stool softeners Provide diet with bulk and adequate fluids *Surgical—* Prepare patient as indicated by physician Provide pre- and postoperative care Observe postoperatively for symptoms of hemorrhage
Anal fistula with abscess	Pain in rectal area Fever and chills Spontaneous rupture with drainage Formation of tunnel of tissue, with discharge of pus onto skin	Provide pre- and postoperative care Change dressings as often as needed Promote drainage to encourage healing and tissue granulation (NOTE: Surgical intervention may not be successful. Fistulas can occur again.)
Anal fissure	Severe pain on defecation Bleeding in varying degrees	Apply warm compresses and prescribed local anesthetic ointments Administer prescribed stool softeners Provide pre- and postoperative care if surgery is indicated
Pilonidal cyst	Discomfort in intergluteal cleft Inflammation and swelling of area Reddened, hard lesion that may drain purulent discharge	Position on side to prevent pressure on area Apply warm, moist compress Administer prescribed antibiotics and analgesics Provide pre- and postoperative care if incision is required for drainage

INFORMATION SHEET

Disease or Disorder	Symptoms	Interventions
Cancer	Bleeding from rectum Pressure in rectal area if mass is large Change in bowel habits	Provide pre- and postoperative care for surgical removal of growth (NOTE: If the growth occurs in the upper part of the rectum, it can be removed without removing the rectal sphincter.) Observe for symptoms of shock due to extensiveness of this surgery Assist patient in learning to care for and accepting colostomy or ileostomy

XV. Descriptions of diseases and disorders of the liver

A. Jaundice (icterus) — Excessive concentration of bile salts in the blood stream due to obstruction or disease that causes bilirubin to accumulate and appear as a yellow discoloration in tissues

B. Cirrhosis — Formation of dense connective tissue and degeneration of liver cells, with fatty cell infiltration in liver

(NOTE: Alcoholism is blamed for many cases of cirrhosis of the liver, but there are other causative factors. Drugs, poisons, certain general anesthetics, and poor nutrition can cause liver damage. Cirrhosis may not be noticed in its early stages because it develops slowly and the symptoms are generally covert.)

C. Hepatitis — Inflammation of liver due to viral or toxic factors

(NOTE: There are two different viruses that cause hepatitis: virus A and virus B. Virus A is found in the bloodstream and in the gastrointestinal tract and causes infectious viral hepatitis. Virus B is found in the bloodstream and causes serum hepatitis. Of the two, serum hepatitis is more severe and more often fatal. Diagnosis depends on evaluation of elements in blood samples. Toxic hepatitis is the result of certain chemicals that act on the liver, such as fumes from cleaning solutions and insecticides.)

D. Hepatic coma — Impaired central nervous system function due to liver disease

(NOTE: Hepatic coma results when venous blood bypasses the portal circulation and there is an accumulation of products in the blood that are usually metabolized by the liver. Causative factors include gastrointestinal bleeding, anesthetics, sedatives, diuretics, alcohol, tranquilizers, electrolyte imbalance, and infection.)

INFORMATION SHEET

E. Liver abscess — Infectious lesion spread to liver from some part of intestinal tract or by amebas from intestine

XVI. Symptoms and interventions for diseases and disorders of the liver (Table 6)

TABLE 6

Disease or Disorder	Symptoms	Interventions
Cirrhosis	Abdominal pain when liver enlarges Rapid pulse Weight loss Ascites Tendency to bleed Epistaxis Hematemesis Jaundice Dry skin Susceptibility to infection	Give supportive care Monitor patient during blood transfusions Provide diet high in vitamins, moderate in carbohydrates and fats, low in sodium, and adequate in protein, depending on level of liver function Administer prescribed diuretics and vitamins Monitor I & O and weigh daily Assist with paracentesis if indicated for ascites, and observe for complications following procedure Observe for symptoms of hemorrhage
Infectious viral hepatitis	Anorexia Nausea Malaise Headache Chills and fever Light-colored stools Dark urine Jaundice Abdominal pain Enlarged liver	Maintain enteric isolation Maintain complete bed rest during acute phase Provide diet high in protein and carbohydrates Encourage fluids Monitor I & O Note laboratory values of SGOT, prothrombin time, and serum globulin level Assess urine color and stool color Observe for abnormal bleeding tendencies
Serum hepatitis	Anorexia Nausea Malaise Headache Chills and fever Light-colored stools Dark urine Jaundice Abdominal pain Enlarged liver	Maintain complete bed rest and prevent exertion Explain that the length of convalescence will be long and will change patient's life-style Warn patient never to donate blood

INFORMATION SHEET

Disease or Disorder	Symptoms	Interventions
Hepatic coma	Impaired consciousness Sluggish or impaired speech Drowsiness progressing to stupor and coma Fetid breath Ataxia Flapping tremors of hands	Limit protein intake and give high-carbohydrate diet Administer prescribed drugs Administer enemas to remove blood from large intestine Monitor I & O
Liver abscess	Chills Intermittent fever Extreme weight loss Jaundice Nausea and vomiting Abdominal distention Pain over liver	Administer prescribed antibiotics, analgesics Maintain bed rest Use aseptic technique if drainage is established
Cancer	Loss of weight Weakness Rapid enlargement of liver	Give supportive care Assist in radiation therapy and/or chemotherapy (NOTE: The liver is rarely the primary site for cancer but is often a secondary site due to metastasis. If cancer of the liver is primary, the affected part may be removed.)

XVII. Descriptions of diseases and disorders of the gallbladder and pancreas

A. Cholecystitis — Inflammation of gallbladder

B. Cholelithiasis — Presence of calculi or bilestones in gallbladder or common bile duct

(NOTE: The presence of stones complicates and promotes cholecystitis.)

C. Pancreatitis — Inflammation of pancreas

(NOTE: Pancreatitis may be acute or chronic.)

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XVIII. Symptoms and interventions for diseases and disorders of the gallbladder and pancreas (Table 7)

TABLE 7

Disease or Disorder	Symptoms	Interventions
Cholecystitis	Indigestion Light-colored stools Fever Jaundice Malaise	Provide diet without alcoholic beverages or fatty foods of any type Apply heat to abdomen to relieve discomfort Administer prescribed analgesics
Cholelithiasis	Indigestion Light-colored stools Fever Jaundice Colic pain over gallbladder extending to back or to right shoulder Dark urine Malaise	Prepare patient for diagnostic cholecystogram Provide pre- and postoperative care for cholecystectomy
Pancreatitis	Sudden and intense pain in epigastric region Eructation Vomiting Slow pulse Tenderness over umbilicus Constipation	Administer prescribed analgesics and antispasmodics Keep patient NPO during acute phase Assist with insertion of nasogastric tube Provide diet low in fat and high in carbohydrates and protein
Cancer (gallbladder or pancreas)	Jaundice Weakness Sudden weight loss	Provide supportive care (NOTE: Cancer of the gallbladder and pancreas is difficult to diagnose until in the later stage; presently no treatment is available.)

XIX. Definitions of surgical procedures and interventions used to treat diseases and disorders of the gastrointestinal system

A. Surgical procedures

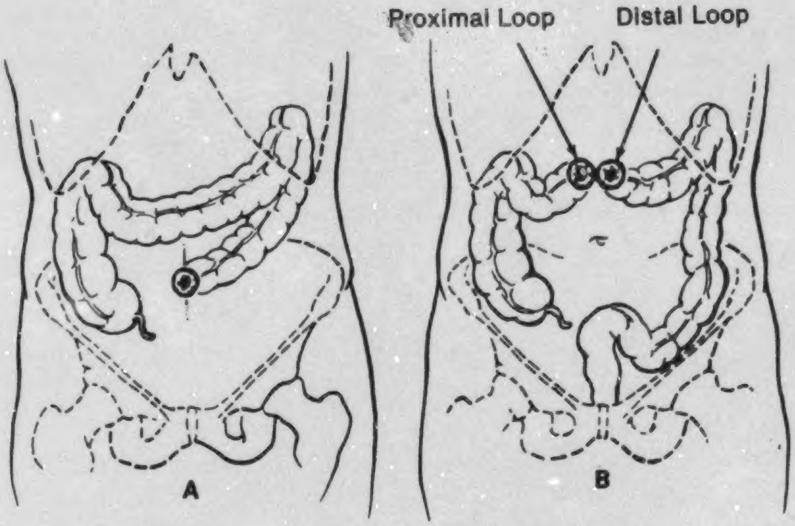
1. Colostomy — Artificial opening of large bowel brought out to abdomen as a stoma (See Figure 2)

(NOTE: A colostomy may be a single- or a double-barreled stoma. The colostomy may be a permanent opening or may be temporary until the colon has healed.)

INFORMATION SHEET

EXAMPLE:

FIGURE 2



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2. Ileostomy — Artificial opening of intestine at ileum brought out to abdomen as a stoma

   (NOTE: An ileostomy is permanent if the colon has been removed. A colostomy forms solid fecal material, whereas an ileostomy drains liquid fecal material constantly.)

3. Gastrectomy — Surgical removal of a part of or the whole stomach

4. Vagotomy — Surgical division of vagus nerve to reduce hydrochloric acid secretion and thus reduce gastric motility

   (NOTE: A vagotomy is usually done with gastric surgery because it decreases the stomach's ability to produce hydrochloric acid.)

5. Total colectomy — Surgical removal of entire colon

6. Herniorrhaphy — Surgical repair of a hernia

7. Reanastomosis — Surgical rejoining of ends of bowel after a portion has been removed

8. Hemorrhoidectomy — Surgical removal or cauterization of anal varices

INFORMATION SHEET

9. Abdominoperineal resection — Surgical removal of sigmoid and rectum, with closure of distal bowel below the pelvic peritoneum; a permanent colostomy is established (Figures 3-5)

EXAMPLES:

FIGURE 3

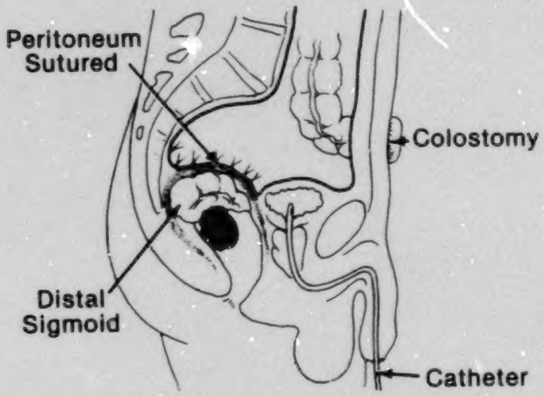

Peritoneum Sutured
Colostomy
Distal Sigmoid
Catheter

FIGURE 4

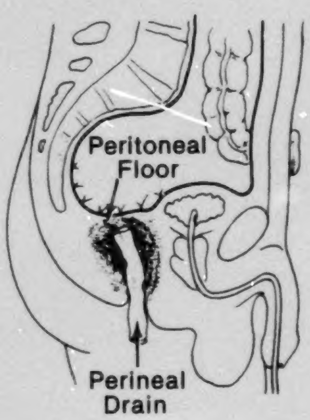
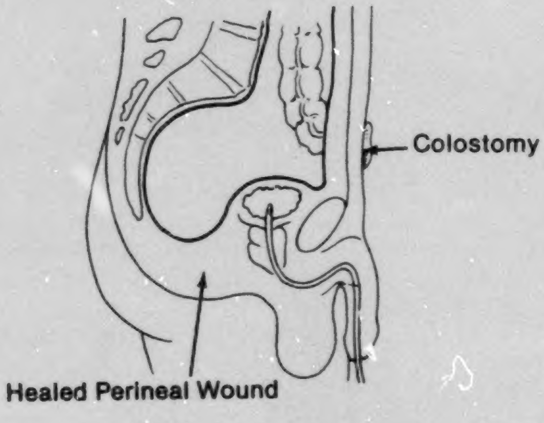

Peritoneal Floor
Perineal Drain

FIGURE 5


Colostomy
Healed Perineal Wound

Figures 3, 4, and 5 used with permission of J.B. Lippincott Company, Philadelphia, Pennsylvania, from *Textbook of Medical-Surgical Nursing*, 4th edition, by Lillian Sholtis Brunner and Doris Smith Suddarth, 1980.

INFORMATION SHEET

10. Cholecystectomy — Surgical removal of gallbladder
11. Splenectomy — Surgical removal of spleen
12. Appendectomy — Surgical removal of appendix
13. Gastrostomy — Surgical creation of a gastric fistula through abdominal wall for the introduction of food into stomach

B. Interventions

1. Gastrointestinal decompression — Process of suctioning for intermittent or continuous drainage of gastric secretions

   (NOTE: Gastric decompression is used to obtain specimens for examination, to treat intestinal obstruction, to prevent and treat distention after surgery, to empty the stomach prior to emergency surgery or after swallowing poisons, and to protect the suture line following gastric surgery.)

2. Lavage — Process of washing out a cavity

   (NOTE: Lavage is accomplished by the insertion of a flexible catheter into the stomach and the instillation of sterile water, normal saline, or other prescribed solutions. The solution and the stomach contents are then mechanically suctioned, measured, and analyzed.)

3. Gavage — Instillation of fluids into stomach through a nasogastric tube or catheter

   (NOTE: Gavage may be used to feed patients who are not able to swallow or to treat disorders by instilling prescribed solutions, such as iced saline, for bleeding varices.)

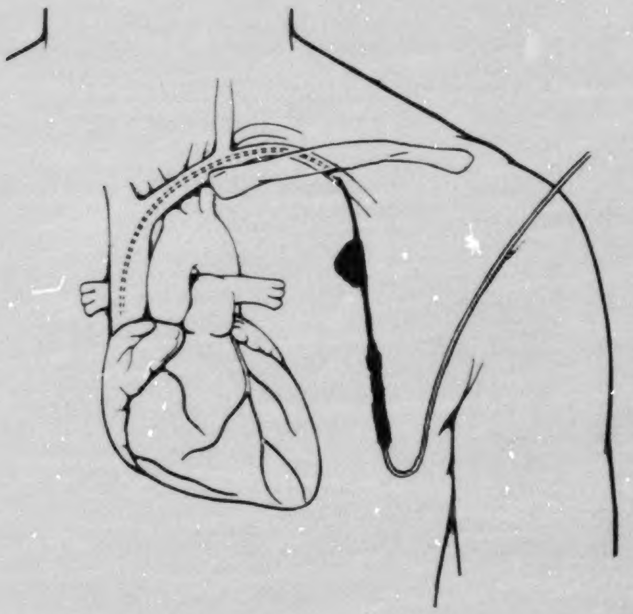
4. Hyperalimentation (total parenteral nutrition [TPN]) — Intravenous infusion of a hypertonic solution that contains amino acids, glucose, vitamins, and electrolytes into superior vena cava via a catheter threaded through subclavian or internal jugular vein (See Figure 6)

   (NOTE: The main nursing considerations in caring for patients with hyperalimentation are to maintain sterility during the initial procedure of insertion and dressing changes; to weigh patient daily, keeping strict I & O records; to check vital signs at least every four hours and observe for complications; and to reassure patients and explain any restrictions or procedures concerning the hyperalimentation procedure.)

INFORMATION SHEET

EXAMPLE:

FIGURE 6



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XX. General nursing interventions for caring for patients with ostomies

A. Change ostomy dressings or appliances as frequently as needed to keep patient clean, dry, and free from offensive odors

B. Clean skin surrounding the stoma with water or solution prescribed by physician; dry thoroughly

(NOTE: Ileostomy drainage is very irritating to the stoma and surrounding skin. Special skin care should be given to this area.)

C. Assist in dilation of stoma if indicated by physician

D. Assess appearance and condition of stoma

E. Instruct patient and family in care of stoma

(NOTE: Explain to family and patient that the stoma may change colors for a variety of reasons but should always return to a pink, moist state.)

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F. Advise patient to avoid high-residue foods and those that cause flatus or diarrhea

G. Assist in setting up a routine schedule for irrigating the stoma

H. Encourage patient to discuss the stoma and how it will affect life-style

(NOTE: If possible, contact a representative from the local Ostomy Club to talk to the patient about living with an ostomy, especially if it will be permanent.)

I. Encourage patient with ileostomy to drink plenty of fluids to replace fluid loss

J. Observe patient with ileostomy for symptoms of electrolyte imbalance

XXI. General nursing interventions for caring for patients undergoing gastric surgery

A. Preoperative

1. Reinforce surgeon's explanation of surgical procedure

2. Explain any procedures, special equipment, and expectations of patient following surgery

3. Obtain completed informed consent prior to procedure

4. Prepare patient as indicated by surgeon according to specific surgical procedure

(NOTE: Some procedures require that certain diagnostic tests, preps, or medications be given before the surgical procedure.)

5. Provide emotional support for patient and family

B. Postoperative

1. Encourage frequent turning, coughing, and deep breathing

(NOTE: Many patients are reluctant to move or cough after gastric surgery as they anticipate pain. It is helpful to splint the incisional area with a pillow or rolled blanket to support the area. Offer analgesics before asking patients to turn, cough, or breathe deeply.)

2. Monitor all drainage tube systems to make sure that equipment is functioning, note amount and type of drainage, and document procedure

INFORMATION SHEET

3. Check dressings frequently and reinforce if needed

   (NOTE: Check chart to determine if any type of drainage system has been used in the surgical site. There will be considerably more drainage if a drain has been used. Be sure to check for bleeding and to report any bright red drainage immediately.)

4. Provide oral and nasal care frequently if a nasogastric tube is in place

5. Keep a strict I & O

6. Auscultate for signs of returning peristalsis and document

7. Ambulate as indicated by physician

8. Provide diet and liquids as indicated by physician

9. Instruct patient and family in home care and follow-up

XXII. Nursing interventions for the treatment of obesity

(NOTE: Morbid obesity occurs when a person is 100 pounds overweight, or twice the recommended body weight. The obese person runs a risk of having circulatory, respiratory, musculoskeletal, and dermatological problems. The obese patient is a poor candidate for surgery and will have a longer healing time postoperatively than will a person who is not obese. The nurse can be of assistance in the treatment of the obese patient.)

A. Assist in diagnostic procedures included in a thorough physicial examination to determine cause of obesity

B. Take a complete diet and medical history

C. Accept patient without judgment

D. Offer counseling, and encourage patient to follow the diet and medical plan indicated for condition

E. Motivate patient and family to help change faulty eating habits

XXIII. Descriptions of diseases and disorders of the gastrointestinal system that specifically affect the pediatric patient

A. Helminthic infections — Gastrointestinal conditions caused by parasitic worms

   EXAMPLES: Roundworms, pinworms, hookworms

INFORMATION SHEET

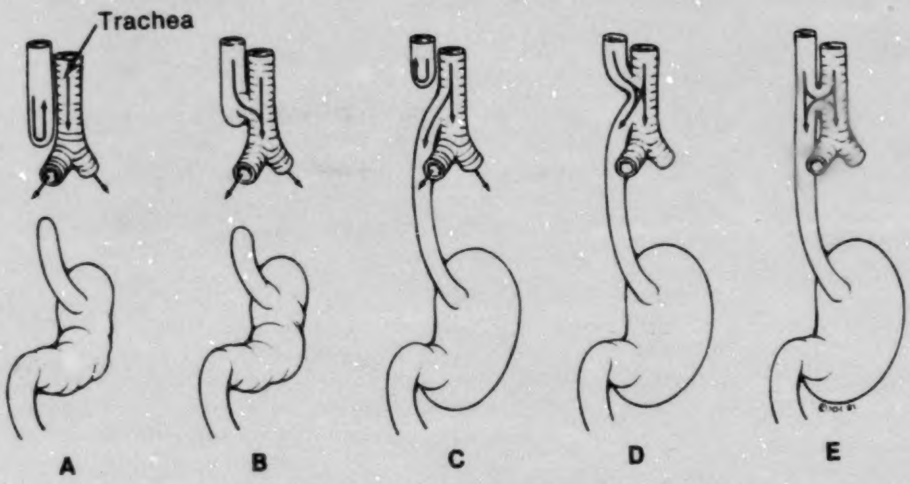
B. Cleft lip and/or cleft palate — Incomplete closure of maxillary and premaxillary processes during embryonic life

C. Esophageal atresia with tracheoesophageal fistula — Malformation of esophagus and trachea during early embryonic life

(NOTE: There are five different types of esophageal atresia with tracheoesophageal fistula. They all require surgical intervention for repair. See Figure 7.)

EXAMPLES:

FIGURE 7



A—Blind pouch at each end with no connection to trachea; **B**—fistula from trachea to upper esophageal segment; **C**—blind pouch with distal segment connected to trachea or primary bronchus; **D**—fistula from trachea to upper and lower segments of esophagus; **E**—normal trachea and esophagus connected by common fistula

From Whaley, Lucille F., and Wong, Donna L.: Essentials of pediatric nursing, St. Louis, 1982, The C. V. Mosby Co.

D. Umbilical hernia — Incomplete closure of fascial ring, with protrusion of omentum and intestine through opening

E. Omphalocele — Protrusion of abdominal contents covered by a translucent sac of amnion into base of umbilical cord

F. Celiac disease — Intolerance for gluten that reduces absorptive surface of small intestine

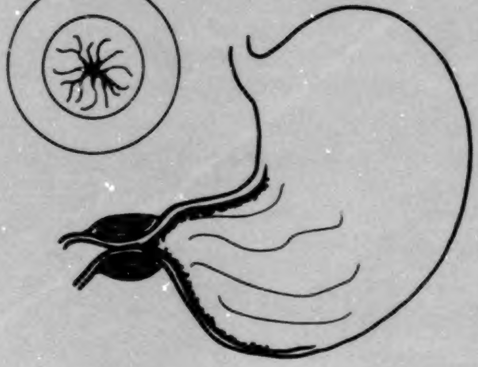
(NOTE: The inability to digest gluten results in an accumulation of amino acid glutamine that is toxic to the mucosal cells and causes the villi to atrophy.)

INFORMATION SHEET

G. Hypertrophic pyloric stenosis — Obstruction of pyloric sphincter due to hypertrophy of circular muscle (Figure 8)

EXAMPLE:

FIGURE 8

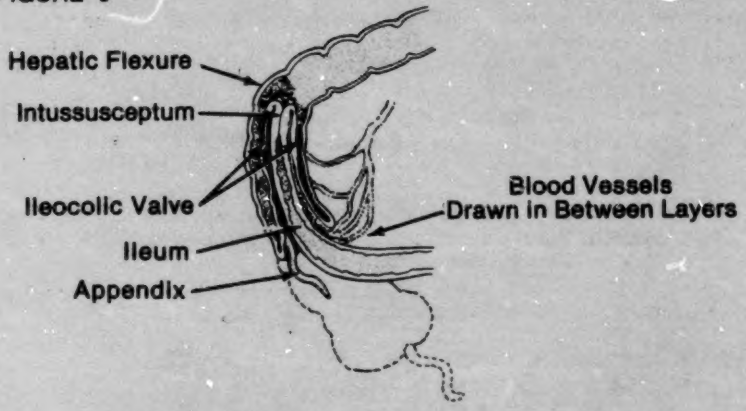


H. Intussusception — Telescoping of one portion of intestine into another (Figure 9)

(NOTE: Common sites for intussusception are the ileocecal and the ileocolic valves when the ileum telescopes into the colon. This obstructed area will not allow passage of intestinal contents past the intussuscepted point. Three to twelve months is the most common age for the onset of intussusception.)

EXAMPLE:

FIGURE 9


Hepatic Flexure
Intussusceptum
Ileocolic Valve
Ileum
Appendix
Blood Vessels Drawn in Between Layers

Figures 8 and 9 from Whaley, Lucille F., and Wong, Donna L.: Essentials of pediatric nursing, St. Louis, 1982, The C. V. Mosby Co.

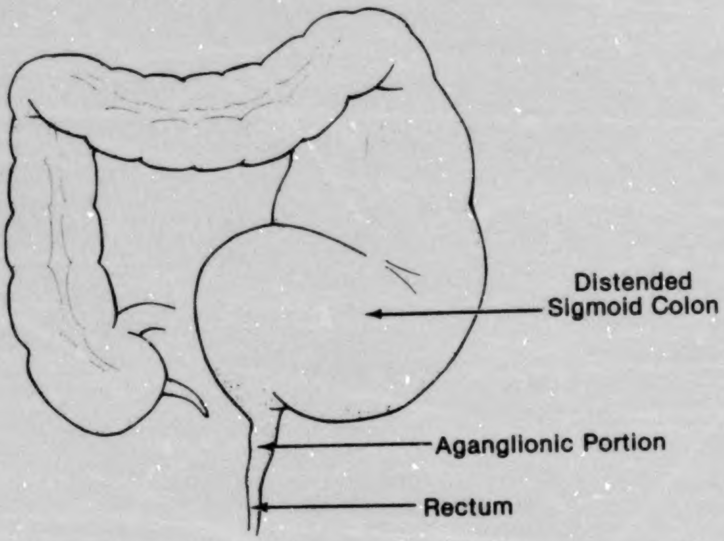
INFORMATION SHEET

I. Hirschsprung's disease (megacolon) — Failure of the rectosigmoid area of large intestine to develop, causing colon above inactive portion to dilate (Figure 10)

(NOTE: The primary defect in megacolon is the absence of parasympathetic ganglion cells in one segment of the colon. This absence results in the lack of innervation of peristalsis, causing an accumulation of intestinal contents and distention of the bowel next to the defect.)

EXAMPLE:

FIGURE 10



From Whaley, Lucille F., and Wong, Donna L.: Essentials of pediatric nursing, St. Louis, 1982, The C. V Mosby Co.

J. Imperforate anus — Absence of an anal opening or presence of a thin, translucent membrane over opening

(NOTE: There are many variations of the imperforate anus. The defect may consist of a stenosis, a blind rectal pouch, a membrane blocking the anus, or a fistula connection to the perineum, bladder, urethra, or in females, the vagina.)

K. Meckel's diverticulum — Failure of omphalomesenteric or vitelline duct to disappear during embryonic development, causing a blind pouch in lower portion of ileum

L. Biliary atresia — Obstruction of or absence of a portion of the bile ducts

M. Acute diarrheal disturbance — Abnormal increase in number of stools and change in consistency of stools

(NOTE: Acute diarrhea is commonly a result of an inflammatory process but can be due to dietary problems or the ingestion of poison. Diarrhea in a young child can be a serious problem because of loss of electrolytes, systemic infection, and shock.)

INFORMATION SHEET

XXIV. Symptoms and interventions for diseases and disorders of the gastrointestinal system that specifically affect the pediatric patient (Table 8)

TABLE 8

Disease or Disorder	Symptoms	Interventions
Roundworms (ascariasis)	*Initial infection—* Enlarged abdomen Weight loss Anorexia Fever Intestinal colic Irritability *Acute infection—* Intestinal obstruction Appendicitis Perforation of intestine with peritonitis Obstructive jaundice	Obtain stool specimen for examination Administer prescribed drugs Check all family members for worm infestation Educate family regarding good hygiene and health habits
Pinworms (enterobiasis)	Intense itching of perianal area	Obtain stool specimen for examination Administer prescribed drugs Check all family members for worm infestation Remind family to be careful in handling contaminated bed linens and clothing and to launder any contaminated items in hot water and soap Educate family regarding good hygiene and health habits
Hookworms (ancylostomiasis)	Mild to severe anemia Itching and burning followed by papular formation in anal area Occult blood in stool specimens in heavier infestations	Obtain stool specimen for examination Administer prescribed drugs Check all family members for worm infestation Educate family members regarding good hygiene and health habits
Cleft lip and/or cleft palate	Unilateral or bilateral cleft in lip Complete or incomplete separation of palate	Protect lip from further damage Use specially designed feeding equipment to provide adequate nutrition and to prevent aspiration of food into lungs Provide pre- and postoperative care when surgical closure and reconstruction takes place Give support to parents

INFORMATION SHEET

Disease or Disorder	Symptoms	Interventions
Esophageal atresia with tracheoesophageal fistula	Excessive salivation and drooling accompanied by choking, coughing, and sneezing Difficulty in taking fluids, with cyanosis and apnea when aspiration of fluids occurs	Assess infant's condition immediately after birth in regard to excess secretions and feeding problems Place infant in supine position with head elevated at least 30 degrees Suction excess secretions at frequent intervals Monitor intermittent suctioning of blind pouch Administer prescribed oxygen Feed through gastrostomy tube as indicated Observe for respiratory complications Provide pre- and postoperative care as indicated Give support to parents
Umbilical hernia	Soft, easily reduced swelling or protrusion covered by skin	Provide pre- and postoperative care if surgery is needed for reduction (NOTE: Most ubilical hernias will reduce and close off on their own. Older children with larger hernias may need surgery for reduction.)
Omphalocele	Translucent sac at the umbilicus	Provide pre- and postoperative care for immediate surgery
Celiac disease	Failure of infant to regain weight or appetite after diarrhea Large stools appearing fatty, frothy, and with a foul odor Malnutrition and anemia Apathy Restlessness General wasting of tissue Vomiting and diarrhea in acute stage	Assist with diagnostic examinations Provide gluten-free diet Administer prescribed drugs Observe child closely for metabolic acidosis Promote as normal a life as possible for child Educate parents in life-long care plan and the need for patient's adherence to diet restrictions

INFORMATION SHEET

Disease or Disorder	Symptoms	Interventions
Hypertrophic pyloric stenosis	Projectile vomiting by fourth to sixth week of life Weight loss Dehydration Distention of upper abdomen Palpable mass in epigastrium to right of umbilicus Visible gastric peristaltic waves moving from left to right across epigastrium	Provide pre- and postoperative care Provide pacifier to meet sucking needs Position infant with head elevated for feeding Reestablish normal feeding patterns Instruct parents in feeding techniques
Intussusception	Acute abdominal pain Vomiting Normal brown stool; then as condition worsens, stools that appear red and contain mucus Tender, distended abdomen Palpable sausage-shaped mass in RUQ of abdomen	Assist with diagnostic tests Prepare infant for barium enema to push intestine out into original position Provide pre- and postoperative care if surgery is necessary
Hirschsprung's disease (megacolon)	Failure to pass meconium within twenty-four to forty-eight hours after birth Reluctance to take fluids Abdominal distention Bile-stained vomitus Explosive watery stools (NOTE: If chronic symptoms occur, they will include constipation, foul-smelling stools, abdominal distention, and visible peristalsis.)	Provide low-residue diet Administer prescribed stool softeners and saline enemas Provide pre- and postoperative care if colostomy is performed Teach older child to care for colostomy Give support to parents (NOTE: Assist parents in accepting condition and in learning to care for the child.)
Imperforate anus	Failure to pass meconium after birth Absence of anal opening, or thin membranous covering over opening Difficult defecation, abdominal distention, ribbonlike stools if stenosis and fistulas exist	Check for patency of anus at birth Observe older child's stools if stenosis and fistulas are suspected Provide pre- and postoperative care if surgical intervention is needed to construct anus Assist with dilation of anus and lower rectum as indicated by physician if stenosis is present

INFORMATION SHEET

Disease or Disorder	Symptoms	Interventions
Meckel's diverticulum	Bright red or dark red rectal bleeding Diverticulitis Intestinal obstruction	Assist with diagnostic examinations Monitor vital signs for shock symptoms Observe quantity and color of stools Maintain bed rest Provide pre- and postoperative care in surgical removal of pouch
Biliary atresia	Jaundice of sclera Dark urine Light-colored stools Abdominal distention Hepatomegaly Splenomegaly Poor weight gain Failure to thrive Irritability	Provide high-calorie formula Administer prescribed drugs Provide pre- and postoperative care if indicated (NOTE: In some cases, surgery can be helpful. Liver transplants may offer some hope.) Give support to parents
Acute diarrheal disturbance	Fever Many loose, watery stools Nausea and vomiting Restlessness Dehydration Weight loss	Place patient in isolation until cause is determined Assist with diagnostic tests Monitor IV fluids Keep strict I & O Assess number and consistency of stools Weigh child daily Provide good skin care around anal area Provide fluids to replace loss and to supplement electrolytes Add solids to diet as ordered Administer prescribed antimicrobial medications if infection is present Reduce patient's stress by holding and touching Educate parents in continued care

ASSESSMENT AND MANAGEMENT OF DISEASES AND DISORDERS OF THE GASTROINTESTINAL SYSTEM
UNIT XI

ASSIGNMENT SHEET #1 — PLAN CARE FOR PATIENTS WITH DISEASES AND DISORDERS OF THE GASTROINTESTINAL SYSTEM

NAME ______________________________ SCORE ____________

The gastrointestinal system works as a machine to process our foods and provide nourishment to sustain our body's other systems. The organs work together to provide the assimilation of food into components used for body functioning. When one organ fails or is damaged, other organs either take over or break down as the digestive process is hindered. The nurse must be able to identify symptoms of gastrointestinal diseases and disorders and intervene appropriately.

This assignment sheet provides you with two simulated case studies of patients with diseases and disorders of the gastrointestinal system. You will need to recall some information already learned and to research some material that you will need to answer the questions. Hand in completed assignment sheet to the instructor for evaluation, or discuss in class.

Patient #1

Jack Hefner, age thirty-nine, was admitted through the ER to the surgical unit with an admitting diagnosis of cholecystitis and possible cholelithiasis. He was complaining of severe chest pain and believed he was having a heart attack.

Having experienced an uncomplicated night after relief of pain with Demerol 75 mg IM $\overline{q}$ 3-4 hours PRN, Mr. Hefner is resting comfortably and has been scheduled for a cholecystogram the following day. The physician has ordered that Mr. Hefner be given Telepaque after his evening meal.

A. Before administering Telepaque, it is important to know if Mr. Hefner is allergic to what substance?

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B. The physician has ordered a low-fat diet for Mr. Hefner. Why is this diet important for Mr. Hefner? What types of foods will be excluded?

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C. Following the cholecystogram, Mr. Hefner's physician tells him that he does have gallstones and needs to have a cholecystectomy performed. Mr. Hefner asks you to explain what this surgery will include. What explanation will you give?

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ASSIGNMENT SHEET #1

D. In giving Mr. Hefner information about what to expect after surgery, what information should you include?

E. Mr. Hefner is made NPO at midnight the evening before his surgery. Why?

F. Mr. Hefner returns from surgery with a T-tube in the common bile duct. Why has this tube been inserted?

G. What color would you expect the drainage to be?

H. To monitor a correct I & O, you would measure the amount of drainage in the bag and record it in what places and as what type of drainage?

I. It is important for Mr. Hefner to regain his respiratory effectiveness to prevent the development of pneumonia. He is very reluctant to move or to cough. What measures could you take to help encourage him to cooperate in these activities?

ASSIGNMENT SHEET #1

J. On the third post-op day you notice, while assessing Mr. Hefner's overall condition, that bowel sounds are still absent. What might you suspect from this finding? How are bowel sounds found?

K. Mr. Hefner has a nasogastric tube for intermittent suction ordered. For what reason has the physician ordered this treatment?

L. In caring for Mr. Hefner's nasogastric tube, what would be some methods of assessing whether the tube is in place?

M. In keeping I & O on the amount of solution instilled and returned, how would you record any solution that did not return?

N. Mouth care is important when a patient has a nasogastric tube. What is one of the best ways to make the patient comfortable?

Patient #2

Soon after Dedra's birth the nurse suspected that she might have an anomaly known as esophageal atresia. She is to be adopted by her new parents in three days, and they have been informed that there may be a delay due to her condition. The nurse notified the pediatrician of her findings.

A. What was the first sign that the nurse may have noticed that led her to believe that Dedra had esophageal atresia?

ASSIGNMENT SHEET #1

B. When an attempt to feed Dedra was made, what would be the response?

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C. If you were to explain to Dedra's prospective parents what esophageal atresia encompassed, what would you tell them?

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D. What is the most dangerous complication for Dedra? How would you prevent this complication from happening?

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E. Dedra has had surgery to repair the atresia and fistula into the trachea. A gastrostomy tube has been inserted for feeding. What are the most important factors to consider in feeding Dedra through this tube?

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F. What measures could you take in helping Dedra's new parents feel comfortable in caring for her? What would you tell them concerning at-home care?

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ASSESSMENT AND MANAGEMENT OF DISEASES AND DISORDERS OF THE GASTROINTESTINAL SYSTEM
UNIT XI

ANSWERS TO ASSIGNMENT SHEET

Assignment Sheet #1 (Suggested answers)

Patient #1

A. Iodine

B. A low-fat diet must be given because Mr. Hefner is not able to tolerate and break down fats easily. Eggs, butter, ham and other pork products, and cheese will be excluded.

C. The cholecystectomy will be done to remove the gallbladder. The common bile duct will probably be explored for the presence of stones.

D. Mr. Hefner should be told that he might have a drainage tube into the bile duct and that it will be connected to a sealed collection bag. He will need to turn, cough, and breathe deeply at frequent intervals to prevent hypostatic pneumonia and to stimulate circulation.

E. Mr. Hefner is made NPO to prevent any nausea and vomiting during surgery. If he were to vomit, aspiration of vomitus could occur, causing danger of respiratory arrest.

F. The T-tube is inserted to help in draining the pooled bile from around the gallbladder and bile duct site.

G. Dark to light brown, sometimes with a greenish cast

H. T-tube drainage should be measured and documented in a separate output part of the record. The color and consistency, plus the amount, should be noted in the nurses notes, flow sheet, and I & O sheet.

I. Make sure that Mr. Hefner has had something for pain prior to turning, coughing, and deep breathing. Also, splinting the incisional site with a pillow or rolled blanket helps decrease pain.

J. Paralytic ileus; bowel sounds are found by auscultating the abdominal area with a stethoscope.

K. To empty stomach of intestinal contents and to maintain electrolyte balance

L. Applying suction to tube and observing return of contents; inverting free end of the tube's lumen into a glass of water and observing for air bubbles; or instilling air into tube and auscultating over the epigastric area for sounds of air.

M. Unreturned solution should be recorded as intake.

ANSWERS TO ASSIGNMENT SHEET

N. The use of lemon-glycerine swabs for the mouth may make the patient more comfortable.

Patient #2

A. Excessive amounts of mucus in the mouth

B. Dedra would take the formula but have projectile vomiting immediately after the feeding.

C. When Dedra was forming embryonically, the esophagus did not completely form but become a narrowed blind pouch with a small, tubelike tunnel to the trachea.

D. The most dangerous complication for Dedra is aspiration of mucus and other fluids. One of the best methods to prevent this complication is to keep her head elevated and to suction the mucus frequently.

E. Keep air from entering the stomach through the gastrostomy tube by opening the clamp on the tubing after the formula has been placed in the syringe. Hold Dedra while feeding or soon after and allow her to suck on a pacifier to fulfill her sucking needs.

F. Allow parents to touch and hold Dedra as much as possible. Instruct them and allow them to feed Dedra if possible. Home care would include feeding patterns, follow-up visits to the hospital, and care of the surgical site.

ASSESSMENT AND MANAGEMENT OF DISEASES AND DISORDERS OF THE GASTROINTESTINAL SYSTEM
UNIT XI

JOB SHEET #1 — IRRIGATE A NASOGASTRIC TUBE

I. Equipment and materials

   A. Aspirating syringe

   B. Irrigating solution (usually normal saline)

   C. Receptacle for returned solution

II. Procedure

   A. Check physician's orders

   B. Identify patient and explain procedure

   C. Wash hands and prepare equipment

   D. Turn off suction power on machine

   E. Disconnect tube from machine

   F. Check to make sure that tube is in stomach

   (NOTE: One of the best methods to check tube placement is to connect the syringe to the tube and gently pull back on plunger to check for stomach secretions.)

   G. Fill syringe with 15 cc to 30 cc of irrigating solution

   H. Hold tube in one hand, grasping with last three fingers (Figure 11)

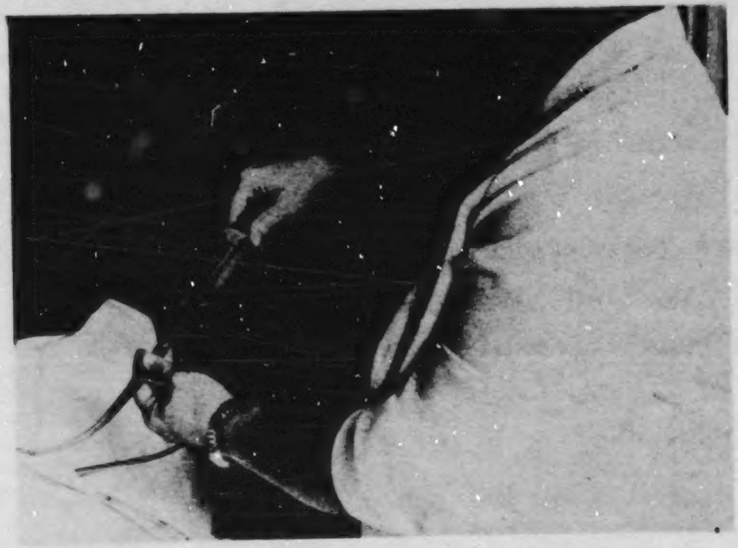
FIGURE 11

JOB SHEET #1

I. With other hand, inject 10 cc to 15 cc of solution gently and slowly into tube (Figure 12)

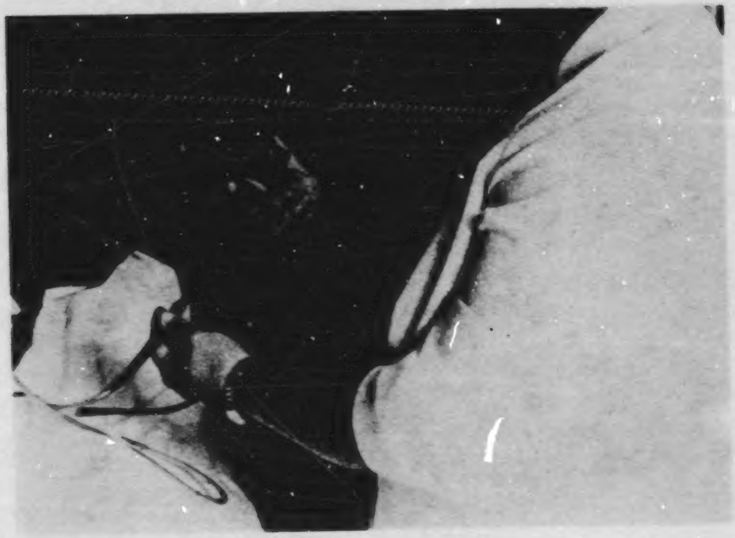
(NOTE: Make sure that solution is at room temperature before use.)

FIGURE 12



J. Pull back on plunger to withdraw solution (Figure 13)

FIGURE 13



JOB SHEET #1

K. Measure amount of solution and add to I & O sheet

L. Repeat process until passageway is clear

(CAUTION: If fresh bleeding occurs, stop the procedure and notify the physician.)

M. Reconnect tube to suction machine; turn on machine, making sure that there is continued suction of secretions

N. Wash hands

O. Remove equipment and clean or discard

P. Document procedure and patient's response

JOB SHEET #1

III. Checklist for procedure for irrigating nasogastric tube

		Performed Well	Needs Improvement
A.	Checked physician's orders	☐	☐
B.	Identified patient and explained procedure	☐	☐
C.	Washed hands and prepared equipment	☐	☐
D.	Turned off suction power on machine	☐	☐
E.	Disconnected tube from machine	☐	☐
F.	Checked to make sure that tube was in stomach	☐	☐
G.	Filled syringe with 15 cc to 30 cc of irrigating solution	☐	☐
H.	Held tube in one hand, grasping with last three fingers	☐	☐
I.	With other hand, injected 10 cc to 15 cc of solution gently and slowly into tube	☐	☐
J.	Pulled back on plunger to withdraw solution	☐	☐
K.	Measured amount of solution and added to I & O sheet	☐	☐
L.	Repeated process until passageway was clear	☐	☐
M.	Reconnected tube to suction machine; turned on machine, making sure that there was continued suction of secretions	☐	☐
N.	Washed hands	☐	☐
O.	Removed equipment and cleaned or discarded	☐	☐
P.	Documented procedure and patient's response	☐	☐

Comments: ____

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ASSESSMENT AND MANAGEMENT OF DISEASES AND DISORDERS OF THE GASTROINTESTINAL SYSTEM
UNIT XI

JOB SHEET #2 — IRRIGATE A COLOSTOMY

I. Equipment and materials

(NOTE: Equipment should be sterile as long as the colostomy is a wound.)

A. Irrigating container

B. French catheter, size 16 to 18

C. Lubricant

D. Prescribed solution

E. Emesis basin

F. Plastic irrigating bag for ambulatory patient

G. Toilet tissue

H. Irrigating sleeve or sheath (self-adhering or held in place with a belt)

I. Equipment to cleanse surrounding area

J. Plastic bag for soiled dressings or disposable appliance

K. Medication

L. Bed protector

M. Bedpan

II. Procedure for bedfast patient

A. Check physician's orders

B. Identify patient and explain procedure

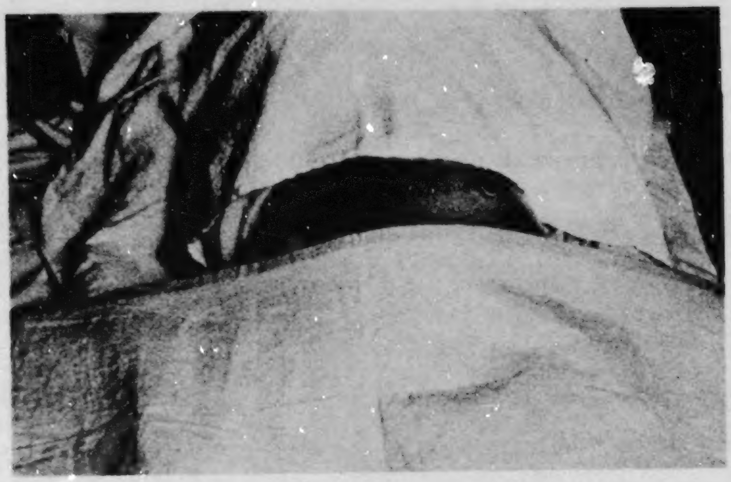
C. Wash hands and prepare equipment

D. Provide for privacy

E. Place folded bath blanket over patient's chest; fold top covers down to groin (See Figure 14)

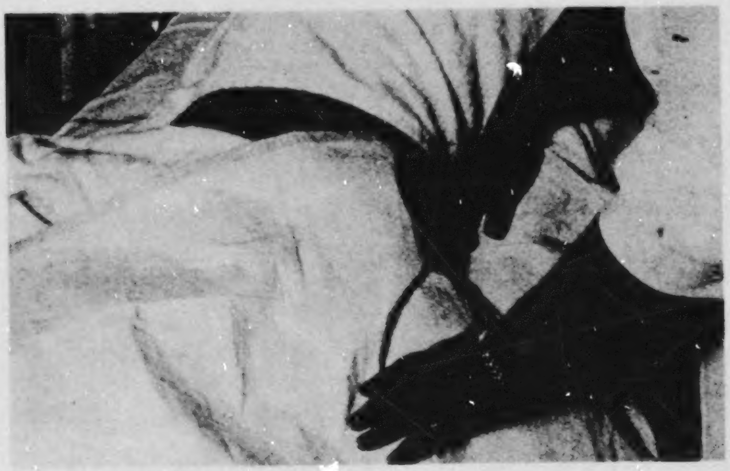
JOB SHEET #2

FIGURE 14



F. Place bed protector under patient's side under colostomy area (Figure 15)

FIGURE 15



G. Remove soiled dressings

(NOTE: Observe the drainage.)

H. Leave sleeve of drainage bag on or apply a drainage/irrigating sleeve

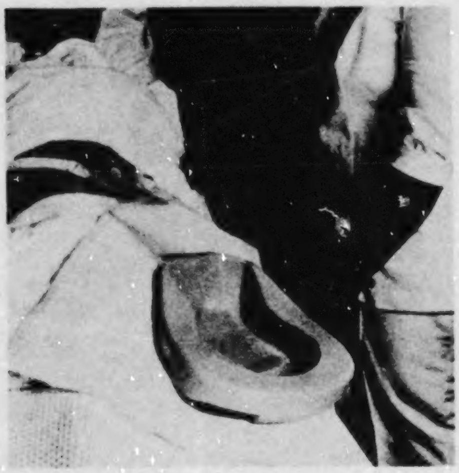
I. Assist patient in turning slightly toward side of colostomy stoma (See Figure 16)

JCB SHEET #2

FIGURE 16

J. Place open end of irrigating sleeve into bedpan placed under colostomy stoma (Figure 17)

FIGURE 17



K. Hang irrigating container 18 inches or less above stoma (See Figure 18)

JOB SHEET #2

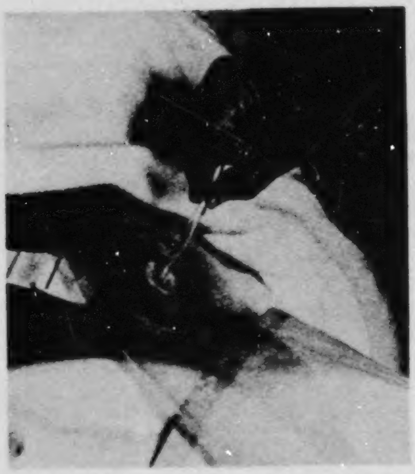
FIGURE 18

L. Lubricate tip of catheter, and run a small amount of solution through tubing to remove air; pinch off tubing or reclamp

M. Insert catheter into stoma about 4 to 6 inches (Figure 19)

(CAUTION: Never force the catheter.)

FIGURE 19



N. Open clamp and allow solution to flow in slowly, pinching off tubing as necessary to control rate of flow

O. Remove catheter gently after solution has been instilled

(NOTE: Solution may spurt out as the catheter is removed.)

JOB SHEET #2

P. Allow time for solution to return

Q. Remove irrigating sleeve, and cleanse area surrounding stoma with soap and water

R. Rinse area well to remove soap

S. Apply medication around stoma as ordered to prevent excoriation

T. Apply dressing or ostomy appliance as prescribed

U. Wash hands

V. Remove equipment and clean or discard

W. Provide for patient's comfort; position communication device

X. Document procedure and observations

III. Procedure for patient who is ambulatory or able to go to the bathroom

A. Check physician's orders

B. Identify patient and explain procedure

C. Wash hands and prepare equipment

D. Assist patient to bathroom; provide for privacy

E. Assist patient to toilet and assist with removal of colostomy appliance as needed

F. Attach irrigating bag to appliance ring snugly below colostomy, with end hanging down to direct the flow of fecal material into toilet

G. Hang irrigating container; expel air from tubing

H. Lubricate tip of catheter

I. Insert tip of catheter into stoma 4 to 6 inches

J. Allow solution to run in slowly; run in 250 cc to 500 cc, depending on patient's ability to retain it

(NOTE: The solution may spurt from the stoma in a forceful spray. For protection, hold an emesis basin or other device in front of the stoma during irrigating procedure.)

K. Clamp tubing and remove catheter

JOB SHEET #2

L. Direct flow of feces and solution into toilet through the irrigating bag

M. Repeat irrigation as necessary until return flow is clear of feces and flatus

N. Remove irrigating bag

O. Assist patient as necessary in cleaning area around stoma, drying area, and applying a clean bag

P. Help patient get dressed and assist to bed

Q. Provide for patient's comfort, and position communication device

R. Wash hands

S. Remove equipment and clean or discard

T. Document procedure and observations

JOB SHEET #2

IV. Checklist for procedure for bedfast patient

		Performed Well	Needs Improvement
A.	Checked physician's order	☐	☐
B.	Identified patient and explained procedure	☐	☐
C.	Washed hands and prepared equipment	☐	☐
D.	Provided for privacy	☐	☐
E.	Placed folded bath blanket over patient's chest; folded top covers down to groin	☐	☐
F.	Placed bed protector under patient's side under colostomy area	☐	☐
G.	Removed soiled dressings	☐	☐
H.	Left sleeve of drainage bag on or applied a drainage/irrigating sleeve	☐	☐
I.	Assisted patient in turning slightly toward side of colostomy stoma	☐	☐
J.	Placed open end of irrigating sleeve into bedpan placed under colostomy stoma	☐	☐
K.	Hung irrigating container 18 inches or less above stoma	☐	☐
L.	Lubricated tip of catheter, and ran a small amount of solution through tubing to remove air; pinched off tubing or reclamped	☐	☐
M.	Inserted catheter into stoma about 4 to 6 inches	☐	☐
N.	Opened clamp and allowed solution to flow in slowly, pinching off tubing as necessary to control rate of flow	☐	☐
O.	Removed catheter gently after solution had been instilled	☐	☐
P.	Allowed time for solution to return	☐	☐

JOB SHEET #2

		Performed Well	Needs Improvement
Q.	Removed irrigating sleeve, and cleansed area surrounding stoma with soap and water	☐	☐
R.	Rinsed area well to remove soap	☐	☐
S.	Applied medication around stoma as ordered to prevent excoriation	☐	☐
T.	Applied dressing or ostomy appliance as prescribed	☐	☐
U.	Washed hands	☐	☐
V.	Removed equipment and cleaned or discarded	☐	☐
W.	Provided for patient's comfort; positioned communication device	☐	☐
X.	Documented procedure and observations	☐	☐

Comments: ____

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V. Checklist for procedure for patient who is ambulatory or able to go to the bathroom

		Performed Well	Needs Improvement
A.	Checked physician's orders	☐	☐
B.	Identified patient and explained procedure	☐	☐
C.	Washed hands and prepared equipment	☐	☐
D.	Assisted patient to bathroom; provided for privacy	☐	☐
E.	Assisted patient to toilet and assisted with removal of colostomy appliance as needed	☐	☐

JOB SHEET #2

		Performed Well	Needs Improvement
F.	Attached irrigating bag to appliance ring snugly below colostomy, with end hanging down to direct the flow of fecal material into toilet	☐	☐
G.	Hung irrigating container; expelled air from tubing	☐	☐
H.	Lubricated tip of catheter	☐	☐
I.	Inserted tip of catheter into stoma 4 to 6 inches	☐	☐
J.	Allowed solution to run in slowly; ran in 250 cc to 500 cc, depending on patient's ability to retain it	☐	☐
K.	Clamped tubing and removed catheter	☐	☐
L.	Directed flow of feces and solution into toilet through the irrigating bag	☐	☐
M.	Repeated irrigation as necessary until return flow was clear of feces and flatus	☐	☐
N.	Removed irrigating bag	☐	☐
O.	Assisted patient as necessary in cleaning area around stoma, drying area, and applying a clean bag	☐	☐
P.	Helped patient get dressed and assisted to bed	☐	☐
Q.	Provided for patient's comfort, and positioned communication device	☐	☐
R.	Washed hands	☐	☐
S.	Removed equipment and cleaned or discarded	☐	☐
T.	Documented procedure and observations	☐	☐

Comments: ____

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ASSESSMENT AND MANAGEMENT OF DISEASES AND DISORDERS OF THE GASTROINTESTINAL SYSTEM
UNIT XI

JOB SHEET #3 — CHANGE AN OSTOMY APPLIANCE

(NOTE: Several types of ostomy appliances are on the market today. Better methods of attaching or wearing of drainage containers are being created and tested to ensure patients more security and less odor and to decrease allergic reactions. Nurses should be familiar with a variety of types of appliances. Enterostomy nurse specialists are excellent sources for information.)

I. Equipment and materials

  A. Duplicate ostomy appliance either self-adhesive or with belt attachment

  B. Soap (mild nonabrasive)

  C. Warm water

  D. Washcloth

  E. Skin barrier

  EXAMPLES: Karaya powder, karaya paste, karaya ring, Stomahesive skin prep

  F. Gauze squares

  G. Emesis basin

  H. Tape (hypoallergenic)

II. Procedure

  A. Identify patient and explain procedure

  B. Obtain all equipment and take to bedside

  C. Wash hands

  D. Expose ostomy area

  (NOTE: If possible, assist patient to bathroom so that patient can sit on the toilet or on a chair facing the toilet.)

  E. Remove appliance

  (CAUTION: Do not pull appliance off!)

  (NOTE: Solvent may need to be applied between the disc and the skin to help loosen the skin cement if used. Do not use acetone or ether as they may cause irritation. Use a solvent specifically made for that purpose. If skin cement has not been used, the pouch disc can be removed easily by gently pushing skin away from corners of adhesive.)

JOB SHEET #3

F. Remove any extra skin barrier solution with gauze squares; place several squares over stoma to absorb any drainage

G. Cleanse skin around stoma gently with soft cloth, tepid water, and soap; rinse and dry thoroughly

H. Assess stoma and skin around stoma; use alternate methods or contact physician for further orders if skin or stoma appears irritated

I. Apply appropriate skin barrier around stoma where disc will cover area

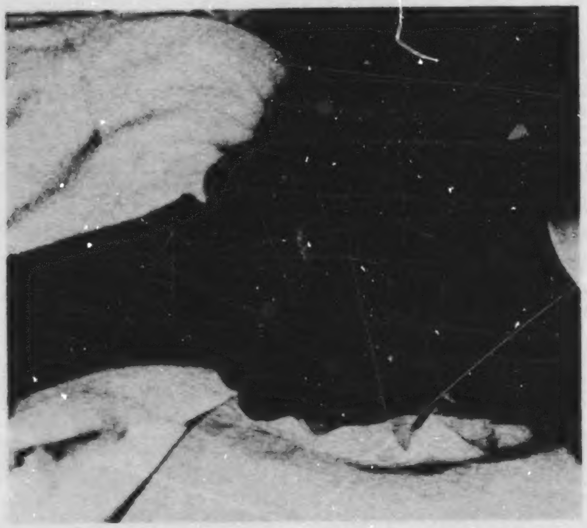
J. Remove adhesive backing and apply disc to area, pressing firmly for thirty seconds (Figure 20)

FIGURE 20

K. Apply drainage bag to disc as indicated in instructions specific to that appliance (See Figure 21)

JOB SHEET #3

FIGURE 21



L. Dispose of waste materials appropriately

M. Wash hands

N. Document procedure

PN III - 899-A

JOB SHEET #3

III. Checklist for procedure for changing ostomy appliance

		Performed Well	Needs Improvement
A.	Identified patient and explained procedure	☐	☐
B.	Obtained all equipment and took to bedside	☐	☐
C.	Washed hands	☐	☐
D.	Exposed ostomy area	☐	☐
E.	Removed appliance	☐	☐
F.	Removed any extra skin barrier solution with gauze squares; placed several squares over stoma to absorb any drainage	☐	☐
G.	Cleansed skin around stoma gently with soft cloth, tepid water, and soap; rinsed and dried thoroughly	☐	☐
H.	Assessed stoma and skin around stoma; used alternate methods or contacted physician for further orders if skin or stoma appeared irritated	☐	☐
I.	Applied appropriate skin barrier around stoma where disc would cover area	☐	☐
J.	Removed adhesive backing and applied disc to area, pressing firmly for thirty seconds	☐	☐
[illegible]	Applied drainage bag to disc as indicated in instructions specific to that appliance	☐	☐
L.	Disposed of waste materials appropriately	☐	☐
M.	Washed hands	☐	☐
N.	Documented procedure	☐	☐

Comments: ______________________________

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ASSESSMENT AND MANAGEMENT OF DISEASES AND DISORDERS OF THE GASTROINTESTINAL SYSTEM
UNIT XI

JOB SHEET #4 — CHECK A PEDIATRIC PATIENT FOR PINWORMS

(NOTE: Procedure should be done before child gets up in the morning and before a bowel movement.)

I. Equipment

   A. Transparent tape placed around a tongue depressor with sticky side out

   B. Glass slide

   (NOTE: Kits are available with tape and slide included.)

   C. Plastic specimen container with label

II. Procedure

   A. Check physician's orders

   B. Identify patient and explain procedure

   C. Wash hands and prepare equipment

   D. Expose perianal area

   E. Press depressor with tape to one side of perianal area; then press to other side to collect eggs if present

   F. Remove tape from perianal area and place sticky surface of tape against glass slide

   G. Place slide in specimen container and label for lab

   H. Replace bedclothes

   I. Wash hands thoroughly

   J. Document procedure

JOB SHEET #4

III. Checklist for procedure for checking a pediatric patient for pinworms

		Performed Well	Needs Improvement
A.	Checked physician's orders	☐	☐
B.	Identified patient and explained procedure	☐	☐
C.	Washed hands and prepared equipment	☐	☐
D.	Exposed perianal area	☐	☐
E.	Pressed depressor with tape to one side of the perianal area; then pressed to other side to collect eggs if present	☐	☐
F.	Removed tape from perianal area and placed sticky surface of tape against glass slide	☐	☐
G.	Placed slide in specimen container and labeled for lab	☐	☐
H.	Replaced bedclothes	☐	☐
I.	Washed hands thoroughly	☐	☐
J.	Documented procedure	☐	☐

Comments: ____

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ASSESSMENT AND MANAGEMENT OF DISEASES AND DISORDERS OF THE GASTROINTESTINAL SYSTEM
UNIT XI

JOB SHEET #5 — GIVE A GASTROSTOMY FEEDING

(NOTE: Feedings via stomas, either temporary or permanent, are performed for a variety of reasons. The gastrostomy is one of the most common methods.)

I. Equipment and materials

   A. Prescribed formula

   B. Syringe

   C. Water at room temperature

   D. Clamp

II. Procedure

   A. Check physician's orders

   B. Identify patient and explain procedure

   C. Wash hands and prepare equipment

   D. Warm formula to room temperature

   E. Cover patient and provide privacy

   F. Expose area containing gastrostomy tube

   G. Remove bulb from syringe and insert end into tubing

   H. Pour a small amount of formula into syringe and allow gravity to draw it into tubing

   I. Continue adding formula until prescribed amount is given

   (CAUTION: Do not allow the formula level to fall below the neck of the syringe, or air will enter the tubing and cause discomfort.)

   J. Follow feeding with water at room temperature to clear tubing

   K. Close off tubing with clamp; secure tubing

   L. Wash hands

   M. Remove equipment and clean or discard

   N. Document procedure, patient's response, and amount of formula given

JOB SHEET #5

III. Checklist for procedure for giving a gastrostomy feeding

		Performed Well	Needs Improvement
A.	Checked physician's orders	☐	☐
B.	Identified patient and explained procedure	☐	☐
C.	Washed hands and prepared equipment	☐	☐
D.	Warmed formula to room temperature	☐	☐
E.	Covered patient and provided privacy	☐	☐
F.	Exposed area containing gastrostomy tube	☐	☐
G.	Removed bulb from syringe and inserted end into tubing	☐	☐
H.	Poured a small amount of formula into syringe and allowed gravity to draw it into tubing	☐	☐
I.	Continued adding formula until prescribed amount was given	☐	☐
J.	Followed feeding with water at room temperature to clear tubing	☐	☐
K.	Closed off tubing with clamp; secured tubing	☐	☐
L.	Washed hands	☐	☐
M.	Removed equipment and cleaned or discarded	☐	☐
N.	Documented procedure, patient's response, and amount of formula given	☐	☐

Comments:

ASSESSMENT AND MANAGEMENT OF DISEASES AND DISORDERS OF THE GASTROINTESTINAL SYSTEM
UNIT XI

TEST

NAME ____ SCORE ________________

1. Match to their correct definitions terms associated with diseases and disorders of the gastrointestinal system. Write the correct numbers in the blanks.

_____a. Offensive breath
_____b. Marked by repeated twists, bends, or turns
_____c. Producing gas from the stomach; belching
_____d. Vomiting of blood
_____e. Imperfect or painful digestion
_____f. Nosebleed
_____g. Increase in size of an organ or structure that does not involve a tumor formation
_____h. Enlargement of liver
_____i. Enlargement of spleen
_____j. Yellowness of skin, sclera, mucous membranes, and body fluids due to depositing of bile pigment from excessive bilirubin in blood

1. Dyspepsia
2. Hepatomegaly
3. Tortuous
4. Epistaxis
5. Halitosis
6. Splenomegaly
7. Eructation
8. Hypertrophy
9. Hematemesis
10. Jaundice (icterus)

2. List types of conditions that affect the gastrointestinal system.

a. ____
b. ____
c. ____
d. ____
e. ____
f. ____
g. ____

TEST

3. Match to their correct descriptions common procedures used to diagnose diseases and disorders of the gastrointestinal system. Write the correct numbers in the blanks. Descriptions are continued on the next page.

_____a. Withdrawal of gastric secretions through a nasogastric tube at prescribed intervals to determine degree of acidity in gastric tract

_____b. Withdrawal of digestive secretions through a nasogastric tube after patient has ingested a prescribed diet

_____c. Collection of urine specimens at specified times after ingestion of a dye to determine presence of hydrochloric acid

_____d. Visualization of stomach through a scoping instrument

_____e. Visualization of upper gastrointestinal tract by radiography after ingestion of a barium suspension

_____f. Visualization of lower intestinal tract by radiography after instillation of barium through a rectal tube

_____g. Collection of small amount of feces to evaluate presence of pus, blood, tissue, and parasites or to determine digestive function

_____h. Withdrawal of a small sample of liver tissue by inserting a long needle with an inner-cutting cannula into liver

_____i. Visualization of liver by a scanner to observe for anatomical changes, masses, and biliary patency after intravenous administration of radioactive substances

_____j. Withdrawal of fluid from abdomen through a needle or catheter for analysis

_____k. Visualization of gallbladder by radiography after oral ingestion or intravenous injection of a dye

_____l. Visualization of bile ducts by radiography after the direct administration of a dye

1. Tubeless gastric analysis
2. Gastrointestinal series
3. Abdominal paracentesis
4. Liver biopsy
5. Cholangiogram
6. Gastric analysis
7. Barium enema
8. Cholecystogram
9. Liver scan
10. Test meal gastric analysis
11. Gastroscopy
12. Ultrasonography
13. Stool specimen

TEST

_____m. Detection and location of positions of body structures in varying densities by recording of echoes of ultrasonic waves reflected from these structures

4. State nursing interventions for caring for patients undergoing gastric diagnostic procedures.

a. Gastric analysis

1) ____________________
2) ____________________
3) ____________________
4) ____________________
5) ____________________
6) ____________________
7) ____________________

b. Test meal gastric analysis

1) ____________________
2) ____________________
3) ____________________
4) ____________________
5) ____________________
6) ____________________
7) ____________________

c. Tubeless gastric analysis

1) ____________________
2) ____________________
3) ____________________
4) ____________________

TEST

5) ______________________________

6) ______________________________

d. Gastroscopy and esophagoscopy

1) ______________________________

2) ______________________________

3) ______________________________

4) ______________________________

5) ______________________________

6) ______________________________

7) ______________________________

e. Proctoscopy and sigmoidoscopy

1) ______________________________

2) ______________________________

3) ______________________________

4) ______________________________

5) ______________________________

6) ______________________________

7) ______________________________

8) ______________________________

9) ______________________________

f. Gastrointestinal series and barium enema

1) ______________________________

2) ______________________________

3) ______________________________

4) ______________________________

5) ______________________________

TEST

g. Stool specimen

1) ______________________________

2) ______________________________

3) ______________________________

4) ______________________________

h. Liver biopsy

1) ______________________________

2) ______________________________

3) ______________________________

4) ______________________________

5) ______________________________

6) ______________________________

7) ______________________________

8) ______________________________

i. Liver scan

1) ______________________________

2) ______________________________

3) ______________________________

4) ______________________________

5) ______________________________

j. Abdominal paracentesis

1) ______________________________

2) ______________________________

3) ______________________________

4) ______________________________

TEST

5) ______________________________

6) ______________________________

k. Cholecystogram

1) ______________________________

2) ______________________________

3) ______________________________

4) ______________________________

5) ______________________________

l. Ultrasonogram

1) ______________________________

2) ______________________________

3) ______________________________

4) ______________________________

5. Match diseases and disorders of the mouth to their correct descriptions. Write the correct numbers in the blanks.

______a. Inflammation of mouth and gums

______b. Ulceration of gums, oral mucous membranes, pharynx, and tonsils

______c. Vesicular eruptions, usually found where mucous membrane joins skin

______d. Inflammaation of gums, with degenerative changes of bones, sometimes with a purulent discharge

______e. Precancerous lesion seen on membranes of mouth or tongue

1. Herpes simplex (cold sore or fever blister)
2. Leukoplakia (smoker's patch)
3. Stomatitis and gingivitis
4. Pyorrhea alveolaris
5. Vincent's angina (trench mouth)

TEST

6. Identify diseases and disorders of the mouth according to their symptoms and interventions. Write the correct names in the blanks.

Stomatitis and gingivitis
Vincent's angina (trench mouth)
Herpes simplex (cold sore or fever blister)
Pyorrhea alveolaris
Leukoplakia

Disease or Disorder	Symptoms	Interventions
a. ______________ ______________	Purulent discharge Recession of gums Loose teeth Degeneration of alveolar bone	Assist with drainage of infected area Administer prescribed antibiotics Encourage good oral hygiene Encourage good dental care
b. ______________ ______________	Ulcers covered by grayish membrane over gums, mucous membranes, pharynx, and tonsils Enlargement of lymph nodes beneath jaw Swollen, bleeding gums Fever	Provide nutritious diet Assist in debridement of sloughing tissue Administer prescribed antibiotics Encourage good oral hygiene
c. ______________ ______________	White patches or spots on mucous membranes of tongue or cheek	Assist with removal of lesions Encourage patient to refrain from smoking if source of irritation
d. ______________ ______________	Pain Swelling of oral mucosa or gingiva Increased salivation Severe halitosis Blisters or ulcerations on oral mucous membranes	Provide nutritious diet Cleanse mouth with prescribed solution Encourage good oral hygiene Administer prescribed antibiotics
e. ______________ ______________	Thin-walled vesicles on gingiva and oropharynx Discomfort in affected area	Administer prescribed topical medications

7. Match diseases and disorders of the esophagus to their correct descriptions. Write the correct numbers in the blanks. Descriptions are continued on the next page.

______a.	Sac or pouch, usually at the point where the organ passes through the neck area	1. Esophageal varices
		2. Achalasia
______b.	Tortuous dilatation of veins in esophagus	

TEST

_____c.	Spasms in cardiac sphincter and lower end of esophagus that prevent food from passing into stomach	3.	Cardiospasms
_____d.	Failure of smooth muscle of gastric tract to relax, especially in lower esophagus	4.	Esophageal diverticulum

8. Identify diseases and disorders of the esophagus according to their symptoms and interventions. Write the correct names in the blanks.

Esophageal diverticulum
Esophageal varices
Cardiospasms
Achalasia
Cancer

Disease or Disorder	Symptoms	Interventions
a. ____________ ____________	Vomiting Emaciation	Assist with dilation of cardiac sphincter Provide pre- and postoperative care if surgery is indicated
b. ____________ ____________	*Initially—* Persistent difficulty in swallowing *Later—* Regurgitation of food Emaciation	Give supportive care Explain types of therapy and prepare patient appropriately Provide pre- and postoperative care if surgery is indicated
c. ____________ ____________	Severe halitosis	Provide blenderized meals and supplemental vitamins Administer prescribed antacid, antiemetics, and give bland diet Place patient in semi-Fowler's position Provide pre- and postoperative care if surgery is indicated
d. ____________ ____________	Vomiting of bright red blood Varying degrees of pain	Assist in controlling bleeding as indicated by physician Assist with and monitor transfusion for blood replacement Provide pre- and postoperative care if surgery is indicated

TEST

Disease or Disorder	Symptoms	Interventions
e. ______________ ______________	Sternal pain Feeling of fullness Vomiting without nausea	Observe for aspiration of stomach contents into respiratory passages Provide small, bland, low-bulk diet Encourage patient to eat slowly Assist patient in avoiding stress Position in a semi-Fowler's position for sleep Assist with dilation Provide pre- and postoperative care if surgery is indicated

9. Match diseases and disorders of the stomach to their correct descriptions. Write the correct numbers in the blanks.

______a.	Protrusion of stomach upward into mediastinal cavity and through esophageal cleft of diaphragm	1. Hiatus (hiatal) hernia
		2. Peptic ulcer
______b.	Inflammation of stomach	3. Gastritis
______c.	Lesion in mucosa of duodenum or stomach	

10. Identify diseases and disorders of the stomach according to their symptoms and interventions. Write the correct names in the blanks.

Hiatus (hiatal) hernia	**Peptic ulcer**
Gastritis	**Cancer**

Disease or Disorder	Symptoms	Interventions
a. ______________ ______________	Nausea and vomiting Tenderness or pain in epigastric area Moderate fever if acute	Provide symptomatic care for acute stage Administer prescribed antispasmodics, antacids, and sedatives for chronic stage
b. ______________ ______________	Discomfort Feeling of fullness Abnormal stomach sounds Difficulty in eructating, with bleeding and pain	Maintain patient in a sitting position after eating Encourage patient to lose weight if hernia is small and slides back and forth Administer prescribed antacids Provide small, frequent, bland meals Provide pre- and postoperative care if surgery is indicated

TEST

Disease or Disorder	Symptoms	Interventions
c. ____________ ____________	Sudden dyspepsia not relieved by eating Unexplained weight loss General weakness "Coffee-ground" emesis Absence of free hydrochloric acid in stomach	Give supportive care Provide pre- and postoperative care
d. ____________ ____________	Gnawing pain in epigastrium, usually appearing one to three hours after a meal Indigestion Acid eructations Nausea and vomiting Diarrhea with loss of weight Hyperacidity of gastric juices Hemorrhage on perforation indicated by hematemesis and tarry stools	Administer prescribed anticholinergics as needed Give emotional support Maintain quiet environment with bed rest Observe for complications of perforations Administer prescribed antacids or antispasmodics Provide frequent, small, bland feedings Encourage patient to omit coffee, tea, and carbonated and alcoholic beverages from diet Instruct patient to avoid irritating drugs such as aspirin and steroids Provide pre- and postoperative care if surgery is indicated

11. Match to their correct descriptions diseases and disorders of the large and small intestines. Write the correct numbers in the blanks.

_____a.	Inflammation and ulceration of mucosa of colon and rectum	1. Diarrhea
_____b.	Infrequent defecation and passage of hard, dry fecal material	2. Chronic or acute constipation
_____c.	Frequent passage of abnormally watery bowel movements	3. Diverticulitis
_____d.	Inflammation of diverticulum or diverticula in intestinal tract, especially in the colon; due to impaction of fecal material in pouches	4. Ulcerative colitis
_____e.	Inflammation of vermiform appendix	5. Appendicitis

TEST

_____f.	Inflammation of peritoneum	6. Peritonitis
_____g.	Chronic inflammation of small intestine that thickens tissue of terminal ileum and forms scar tissue and granulomas	7. Ileus
_____h.	Obstruction of intestine	8. Abdominal hernia
_____i.	Protrusion of intestine through abdominal wall	9. Crohn's disease (regional enteritis)
_____j.	Malignant growth occurring in small intestine or colon	

12. Identify according to their symptoms and interventions diseases and disorders of the large and small intestines. Write the correct names in the blanks.

Ulcerative colitis
Crohn's disease
Chronic or acute constipation
Diarrhea
Diverticulitis
Appendicitis
Peritonitis
Ileus
Abdominal hernia
Cancer

Disease or Disorder	Symptoms	Interventions
a. ____________ ____________	Pressure in area Visible protrusion or palpable mass	Assist patient in applying truss if prescribed to reduce hernia Provide pre- and postoperative care if surgery is indicated
b. ____________ ____________	Diarrhea Stools with blood and mucus Tenesmus Abdominal cramps Fecal incontinence Nausea Vomiting Weakness Loss of weight Hypokalemia Dehydration Multiple abscesses of intestinal mucosa	Assist with diagnostic tests Give supportive care Assist in maintaining rectal sphincter control to decrease incontinence Treat skin around anus with protective emollient Offer fluids frequently and keep an accurate I & O Provide a nonirritating, bland diet Administer prescribed vitamin K Avoid giving patient ice as it causes gas formation Administer prescribed medications to slow peristalsis Administer prescribed sulfa drugs and corticosteroids Measure patient's abdomen daily and observe for symptoms of constipation Assess patient's life-style; help find alternatives to reduce stress Provide pre- and postoperative care if surgery is indicated

TEST

Disease or Disorder	Symptoms	Interventions
c. ________ ________	Unrelieved constipation Stools containing mucus Gripping pain in abdomen at intervals Fever Nagging pain in LLQ of abdomen	Provide a bland diet Administer stool softener as prescribed Observe for symptoms of perforation
d. ________ ________	Infrequent, hard bowel movements Abdominal distention Discomfort in abdomen Anorexia	Encourage fluid intake Provide diet high in bulk Encourage patient to follow a regular schedule for defecation Warn patient not to strain when defecating Assess cause of condition Check for impaction and remove
e. ________ ________	Severe generalized pain in abdomen that later localizes in RLQ of abdomen Rebound tenderness in RLQ of abdomen Fever Nausea Vomiting Elevation of white count	Provide pre- and postoperative care
f. ________ ________	Severe anal and abdominal cramps Frequent, light-colored, watery, foul-smelling stools, sometimes containing undigested food and mucus	Isolate patient until cause is found Collect stool specimen for examination Administer prescribed medications Observe and document number and type of stools Provide prescribed diet
g. ________ ________	Chills and fever Rapid pulse Persistent vomiting Constipation Abdominal distention Intense abdominal pain Shallow respirations due to intensity of pain	Avoid jarring or quick movement when turning or lifting patient to prevent intense pain in abdomen Provide pre- and postoperative care Observe postoperatively for symptoms of abscess or evisceration
h. ________ ________	Changes in bowel habits Blood in stool Symptoms of anemia Obstruction or ileus	Give supportive care Provide pre- and postoperative care for surgery to remove growth

TEST

Disease or Disorder	Symptoms	Interventions
i. ______________ ______________	Severe cramping pain Constipation Abdominal distention Weakness Thirst Severe halitosis Nausea and vomiting of fecal material Dehydration	*Partial obstruction—* Administer prescribed laxatives or stool softeners Assist in decompression of distention through intubation and suctioning Maintain and monitor fluid replacement Observe for symptoms of total obstruction *Total obstruction—* Provide pre- and postoperative care when surgery is indicated
j. ______________ ______________	Abdominal cramps following meals Weight loss Possible anemia Chronic diarrhea Occult blood in stool Melena Low-grade fever if abscesses present Lymphadenitis in mesenteric nodes Abdominal tenderness, especially in RLQ	Assist with diagnostic tests Provide diet low in residue, fat, and roughage, but high in calories, carbohydrates, and proteins with vitamin supplements Administer prescribed iron supplements for anemia Treat cramps and diarrhea symptomatically Administer prescribed antimicrobials and sulfa drugs to control infections Provide pre- and postoperative care if surgery is needed to relieve segments that have become obstructed Provide supportive care

13. Match to their correct descriptions diseases and disorders of the sigmoid colon and rectum. Write the correct numbers in the blanks.

_____a. Mass of dilated, tortuous veins in anorectum

_____b. Abnormal tubelike passage from anus to another cavity

_____c. Ulcer in skin of anal wall

_____d. Closed fistula in upper end of intergluteal cleft

1. Anal fistula
2. Anal fissure
3. Hemorrhoid
4. Pilonidal cyst

TEST

14. Identify diseases and disorders of the sigmoid colon and rectum according to their symptoms and interventions. Write the correct names in the blanks.

Hemorrhoids
Anal fistula with abscess
Anal fissure
Pilonidal cyst
Cancer

Disease or Disorder	Symptoms	Interventions
a. ______________ ______________	Discomfort in intergluteal cleft Inflammation and swelling of area Reddened, hard lesion that may drain purulent discharge	Position on side to prevent pressure on area Apply warm, moist compress Administer prescribed antibiotics and analgesics Provide pre- and postoperative care if incision is required for drainage
b. ______________ ______________	External protrusion of tortuous veins around anus Pain in rectal area, especially after bowel movement Itching around anus Bleeding from internal varices	*Medical—* Apply warm compresses and prescribed anesthetic ointments, or provide warm sitz baths Administer prescribed stool softeners Provide diet with bulk and adequate fluids *Surgical—* Prepare patient as indicated by physician Provide pre- and postoperative care Observe postoperatively for symptoms of hemorrhage
c. ______________ ______________	Severe pain on defecation Bleeding in varying degrees	Apply warm compresses and prescribed local anesthetic ointments Administer prescribed stool softeners Provide pre- and postoperative care if surgery is indicated
d. ______________ ______________	Bleeding from rectum Pressure in rectal area if mass is large Change in bowel habits	Provide pre- and postoperative care for surgical removal of growth Observe for symptoms of shock due to extensiveness of this surgery Assist patient in learning to care for and accepting colostomy or ileostomy
e. ______________ ______________	Pain in rectal area Fever and chills Spontaneous rupture with drainage Formation of tunnel of tissue, with discharge of pus onto skin	Provide pre- and postoperative care Change dressings as often as needed Promote drainage to encourage healing and tissue granulation

TEST

15. Match diseases and disorders of the liver to their correct descriptions. Write the correct numbers in the blanks.

_____a. Excessive concentration of bile salts in the bloodstream due to obstruction or disease that causes bilirubin to accumulate and appear as a yellow discoloration in tissues

_____b. Formation of dense connective tissue and degeneration of liver cells, with fatty cell infiltration in the liver

_____c. Inflammation of liver due to viral or toxic factors

_____d. Impaired central nervous system function due to liver disease

_____e. Infectious lesion spread to liver from some part of intestinal tract or by amebas from intestine

1. Hepatitis
2. Jaundice (icterus)
3. Cirrhosis
4. Liver abscess
5. Hepatic coma

16. Identify diseases and disorders of the liver according to their symptoms and interventions. Write the correct names in the blanks.

Cirrhosis
Infectious viral hepatitis
Serum hepatitis
Hepatic coma
Liver abscess
Cancer

Disease or Disorder	Symptoms	Interventions
a. ______________ ______________	Anorexia Nausea Malaise Headache Chills and fever Light-colored stools Dark urine Jaundice Abdominal pain Enlarged liver	Maintain enteric isolation Maintain complete bed rest during acute phase Provide diet high in protein and carbohydrates Encourage fluids Monitor I & O Note laboratory values of SGOT, prothrombin time, and serum globulin level Assess urine color and stool color Observe for abnormal bleeding tendencies

TEST

Disease or Disorder	Symptoms	Interventions
b. ______________ ______________	Anorexia Nausea Malaise Headache Chills and fever Light-colored stools Dark urine Jaundice Abdominal pain Enlarged liver	Maintain complete bed rest and prevent exertion Explain that the length of convalescence will be long and will change patient's life-style Warn patient never to donate blood
c. ______________ ______________	Abdominal pain when liver enlarges Rapid pulse Weight loss Ascites Tendency to bleed Epistaxis Hematemesis Jaundice Dry skin Susceptibility to infection	Give supportive care Monitor patient during blood transfusions Provide diet high in vitamins, moderate in carbohydrates and fats, low in sodium, and adequate in protein, depending on level of liver function Administer prescribed diuretics and vitamins Monitor I & O and weigh daily Assist with paracentesis if indicated for ascites, and observe for complications following procedure Observe for symptoms of hemorrhage
d. ______________ ______________	Impaired consciousness Sluggish or impaired speech Drowsiness progressing to stupor and coma Fetid breath Ataxia Flapping tremors of hands	Limit protein intake and give high-carbohydrate diet Administer prescribed drugs Administer enemas to remove blood from large intestine Monitor I & O
e. ______________ ______________	Loss of weight Weakness Rapid enlargement of liver	Give supportive care Assist in radiation therapy and/or chemotherapy
f. ______________ ______________	Chills Intermittent fever Extreme weight loss Jaundice Nausea and vomiting Abdominal distention Pain over liver	Administer prescribed antibiotics, analgesics Maintain bed rest Use aseptic technique if drainage is established

TEST

17. Match to their correct descriptions diseases and disorders of the gallbladder and pancreas. Write the correct numbers in the blanks.

_____a.	Inflammation of gallbladder	1. Pancreatitis
_____b.	Presence of calculi or bilestones in gallbladder or common bile duct	2. Cholelithiasis
_____c.	Inflammation of pancreas	3. Cholecystitis

18. Identify according to their symptoms and interventions diseases and disorders of the gallbladder and pancreas. Write the correct names in the blanks.

Cholecystitis
Cholelithiasis
Pancreatitis
Cancer

Disease or Disorder	Symptoms	Interventions
a. ____________ ____________	Sudden and intense pain in epigastric region Eructation Vomiting Slow pulse Tenderness over umbilicus Constipation	Administer prescribed analgesics and antispasmodics Keep patient NPO during acute phase Assist with insertion of nasogastric tube Provide diet low in fat and high in carbohydrates and protein
b. ____________ ____________	Indigestion Light-colored stools Fever Jaundice Malaise	Provide diet without alcoholic beverages or fatty foods of any type Apply heat to abdomen to relieve discomfort Administer prescribed analgesics
c. ____________ ____________	Jaundice Weakness Sudden weight loss	Provide supportive care
d. ____________ ____________	Indigestion Light-colored stools Fever Jaundice Colic pain over gallbladder extending to back or to right shoulder Dark urine Malaise	Prepare patient for diagnostic cholecystogram Provide pre- and postoperative care for cholecystectomy

TEST

19. Match to their correct definitions surgical procedures and interventions used to treat diseases and disorders of the gastrointestinal system. Write the correct numbers in the blanks.

Surgical procedures

_____a. Artificial opening of large bowel brought out to abdomen as a stoma

_____b. Artificial opening of intestine at ileum brought out to abdomen as a stoma

_____c. Surgical removal of a part of or the whole stomach

_____d. Surgical division of vagus nerve to reduce hydrochloric acid secretion and thus reduce gastric motility

_____e. Surgical removal of entire colon

_____f. Surgical repair of a hernia

_____g. Surgical rejoining of ends of bowel after a portion has been removed

_____h. Surgical removal or cauterization of anal varices

_____i. Surgical removal of sigmoid and rectum, with closure of distal bowel below the pelvic peritoneum; a permanent colostomy is established

_____j. Surgical removal of gallbladder

_____k. Surgical removal of spleen

_____l. Surgical removal of appendix

_____m. Surgical creation of a gastric fistula through abdominal wall for the introduction of food into stomach

1. Total colectomy
2. Abdominoperineal resection
3. Colostomy
4. Herniorrhaphy
5. Appendectomy
6. Reanastomosis
7. Ileostomy
8. Cholecystectomy
9. Vagotomy
10. Gastrectomy
11. Hemorrhoidectomy
12. Splenectomy
13. Gastrostomy

TEST

Interventions

______a. Process of suction for intermittent or continuous drainage of gastric secretions

______b. Process of washing out a cavity

______c. Instillation of fluids into stomach through a nasogastric tube or catheter

______d. Intravenous infusion of a hypertonic solution that contains amino acids, glucose, vitamins, and electrolytes into superior vena cava via a catheter threaded through subclavian or internal jugular vein

1. Hyperalimentation (total parenteral nutrition [TPN])
2. Lavage
3. Gastrointestinal decompression
4. Gavage

20. Select from the following list general nursing interventions for caring for patients with ostomies. Write an "X" in the blank before each correct answer.

______a. Cleanse area around stoma with alcohol each time appliance is changed

______b. Change ostomy dressings or appliances as frequently as needed to keep patient clean, dry, and free from offensive odors

______c. Clean skin surrounding the stoma with water or solution prescribed by physician; dry thoroughly

______d. Dilate stoma each time you change appliance

______e. Assist in dilation of stoma if indicated by physician

______f. Instruct patient and family in care of stoma

______g. Advise patient to avoid high-residue foods and those that cause flatus or diarrhea

______h. Assist in setting up a routine schedule for irrigating the stoma

______i. Teach patient how to irrigate an ostomy prior to surgical procedure

______j. Encourage patient to discuss the stoma and how it will affect life-style

______k. Administer rectal stool softening suppository prior to irrigating procedure

______l. Encourage patient with ileostomy to drink plenty of fluids to replace fluid loss

______m. Observe patient with ileostomy for symptoms of electrolyte imbalance

______n. Caution patient to limit postoperative fluid intake following an ileostomy

______o. Assess appearance and condition of stoma

TEST

21. State general nursing interventions for caring for patients undergoing gastric surgery.

a. Preoperative

1) ______________________________
2) ______________________________
3) ______________________________
4) ______________________________
5) ______________________________

b. Postoperative

1) ______________________________
2) ______________________________
3) ______________________________
4) ______________________________
5) ______________________________
6) ______________________________
7) ______________________________
8) ______________________________
9) ______________________________

22. Select from the following list nursing interventions for the treatment of obesity. Write an "X" in the blank before each correct answer.

______a. Assist in diagnostic procedures included in a thorough physicial examination to determine cause of obesity

______b. Take a complete diet and medical history

______c. Discuss a variety of the newest fad diets so that patient may select which one to use

______d. Accept patient without judgment

______e. Recommend the best over-the-counter diet aid currently being sold

TEST

______f. Offer counseling, and encourage patient to follow the diet and medical plan indicated for condition

______g. Motivate patient and family to help change faulty eating habits

23. Match to their correct descriptions diseases and disorders of the gastrointestinal system that specifically affect the pediatric patient. Write the correct numbers in the blanks.

______a. Gastrointestinal conditions caused by parasitic worms

______b. Incomplete closure of maxillary and premaxillary processes during early embryonic life

______c. Malformation of esophagus and trachea during early embryonic life

______d. Incomplete closure of fascial ring, with protrusion of omentum and intestine through opening

______e. Protrusion of abdominal contents covered by a translucent sac of amnion into base of umbilical cord

______f. Intolerance for gluten that reduces absorptive surface of small intestine

______g. Obstruction of pyloric sphincter due to hypertrophy of circular muscle

______h. Telescoping of one portion of intestine into another

______i. Failure of rectosigmoid area of large intestine to develop, causing colon above inactive portion to dilate

______j. Absence of an anal opening or presence of a thin, translucent membrane over opening

______k. Failure of omphalomesenteric or vitelline duct to disappear during embryonic development, causing a blind pouch in lower portion of ileum

______l. Obstruction of or absence of a portion of the bile ducts

______m. Abnormal increase in number of stools and change in consistency of stools

1. Cleft lip and/or cleft palate
2. Celiac disease
3. Umbilical hernia
4. Helminthic infections
5. Esophageal atresia with tracheoesophageal fistula
6. Hypertrophic pyloric stenosis
7. Omphalocele
8. Biliary atresia
9. Hirschsprung's disease (megacolon)
10. Intussusception
11. Meckel's diverticulum
12. Acute diarrheal disturbance
13. Imperforate anus

TEST

24. Identify according to their symptoms and interventions diseases and disorders of the gastrointestinal system that specifically affect the pediatric patient. Write the correct names in the blanks.

Roundworms (ascariasis)
Hookworms (ancylostomiasis)
Esophageal atresia with tracheoesophageal fistula
Omphalocele
Hypertrophic pyloric stenosis
Hirschsprung's disease (megacolon)
Meckel's diverticulum
Acute diarrheal disturbance
Pinworms (enterobiasis)
Cleft lip and/or cleft palate
Umbilical hernia
Celiac disease
Intussusception
Imperforate anus
Biliary atresia

Disease or Disorder	Symptoms	Interventions
a. ____________ ____________	Jaundice of sclera Dark urine Light-colored stools Abdominal distention Hepatomegaly Splenomegaly Poor weight gain Failure to thrive Irritability	Provide high-calorie formula Administer prescribed drugs Provide pre- and postoperative care if indicated Give support to parents
b. ____________ ____________	Translucent sac at the umbilicus	Provide pre- and postoperative care for immediate surgery
c. ____________ ____________	Projectile vomiting by fourth to sixth week of life Weight loss Dehydration Distention of upper abdomen Palpable mass in epigastrium to right of umbilicus Visible gastric peristaltic waves moving from left to right across epigastrium	Provide pre- and postoperative care Provide pacifier to meet sucking needs Position infant with head elevated for feeding Reestablish normal feeding patterns Instruct parents in feeding techniques

TEST

Disease or Disorder	Symptoms	Interventions
d. ____________ ____________	*Initial Infection—* Enlarged abdomen Weight loss Anorexia Fever Intestinal colic Irritability *Acute Infection—* Intestinal obstruction Appendicitis Perforation of intestine with peritonitis Obstructive jaundice	Obtain stool specimen for examination Administer prescribed drugs Check all family members for worm infestation Educate family regarding good hygiene and health habits
e. ____________ ____________	Soft, easily reduced swelling or protrusion covered by skin	Provide pre- and postoperative care if surgery is needed for reduction
f. ____________ ____________	Intense itching of perianal area	Obtain stool specimen for examination Administer prescribed drugs Check all family members for worm infestation Remind family to be careful in handling contaminated bed linens and clothing and to launder any contaminated items in hot water and soap Educate family regarding good hygiene and health habits
g. ____________ ____________	Excessive salivation and drooling accompanied by choking, coughing, and sneezing Difficulty in taking fluids, with cyanosis and apnea when aspiration of fluids occurs	Assess infant's condition immediately after birth in regard to excess secretions and feeding problems Place infant in supine position with head elevated at least 30 degrees Suction excess secretions at frequent intervals Monitor intermittent suctioning of blind pouch Administer prescribed oxygen Feed through gastrostomy tube as indicated Observe for respiratory complications Provide pre- and postoperative care as indicated Give support to parents

TEST

Disease or Disorder	Symptoms	Interventions
h. ____________ ____________	Mild to severe anemia Itching and burning followed by papular formation in anal area Occult blood in stool specimens in heavier infestations	Obtain stool specimen for examination Administer prescribed drugs Check all family members for worm infestation Educate family members regarding good hygiene and health habits
i. ____________ ____________	Failure of infant to regain weight or appetite after diarrhea Large stools appearing fatty, frothy, and with a foul odor Malnutrition and anemia Apathy Restlessness General wasting of tissue Vomiting and diarrhea in acute stage	Assist with diagnostic examinations Provide gluten-free diet Administer prescribed drugs Observe child closely for metabolic acidosis Promote as normal a life as possible for child Educate parents in life-long care plan and the need for patient's adherence to diet restrictions
j. ____________ ____________	Unilateral or bilateral cleft in lip Complete or incomplete separation of palate	Protect lip from further damage Use specially designed feeding equipment to provide adequate nutrition and to prevent aspiration of food into lungs Provide pre- and postoperative care when surgical closure and reconstruction takes place Give support to parents
k. ____________ ____________	Acute abdominal pain Vomiting Normal brown stool; then as condition worsens, stools that appear red and contain mucus Tender, distended abdomen Palpable sausage-shaped mass in RUQ of abdomen	Assist with diagnostic tests Prepare infant for barium enema to push intestine out into original position Provide pre- and postoperative care if surgery is necessary
l. ____________ ____________	Bright red or dark red rectal bleeding Diverticulitis Intestinal obstruction	Assist with diagnostic examinations Monitor vital signs for shock symptoms Observe quantity and color of stools Maintain bed rest Provide pre- and postoperative care in surgical removal of pouch

TEST

Disease or Disorder	Symptoms	Interventions
m. ______________ ______________	Failure to pass meconium within twenty-four to forty-eight hours after birth Reluctance to take fluids Abdominal distention Bile-stained vomitus Explosive watery stools	Provide low-residue diet Administer prescribed stool softeners and saline enemas Provide pre- and postoperative care if colostomy is performed Teach older child to care for colostomy Give support to parents
n. ______________ ______________	Failure to pass meconium after birth Absence of anal opening, or thin membranous covering over opening Difficult defecation, abdominal distention, ribbonlike stools if stenosis and fistulas exist	Check for patency of anus at birth Observe older child's stools if stenosis and fistulas are suspected Provide pre- and postoperative care if surgical intervention is needed to construct anus Assist with dilation of anus and lower rectum as indicated by physician if stenosis is present
o. ______________ ______________	Fever Many loose, watery stools Nausea and vomiting Restlessness Dehydration Weight loss	Place patient in isolation until cause is determined Assist with diagnostic tests Monitor IV fluids Keep strict I & O Assess number and consistency of stools Weigh child daily Provide good skin care around anal area Provide fluids to replace loss and to supplement electrolytes Add solids to diet as ordered Administer prescribed antimicrobial medications if infection is present Reduce patient's stress by holding and touching Educate parents in continued care

(NOTE: Test questions 25-26 list the assignment and job sheets. They are an important part of this test. If they have not been completed, check with your instructor.)

25. Plan care for patients with diseases and disorders of the gastrointestinal system.

TEST

26. Demonstrate the ability to

    a. Irrigate a nasograstic tube.

    b. Irrigate a colostomy.

    c. Change an ostomy appliance.

    d. Check a pediatric patient for pinworms.

    e. Give a gastrostomy feeding.

ASSESSMENT AND MANAGEMENT OF DISEASES AND DISORDERS OF THE GASTROINTESTINAL SYSTEM
UNIT XI

ANSWERS TO TEST

1.	a.	5	f.	4
	b.	3	g.	8
	c.	7	h.	2
	d.	9	i.	6
	e.	1	j.	10

2. a. Infectious diseases
   b. Traumatic injuries
   c. Cancer
   d. Malabsorption disorders
   e. Structural defects
   f. Inflammatory diseases
   g. Obstructive disorders

3.	a.	6	f.	7	k.	8
	b.	10	g.	13	l.	5
	c.	1	h.	4	m.	12
	d.	11	i.	9		
	e.	2	j.	3		

4. a. Gastric analysis
   1) Explain procedure to patient
   2) Assist with insertion of nasogastric tube
   3) If ordered, administer histamine subcutaneously after first specimen is collected

ANSWERS TO TEST

4) Obtain specimens at prescribed intervals and send to laboratory
5) Remove or assist with removal of nasogastric tube
6) Document procedure and patient care
7) Note and report results

b. Test meal gastric analysis

1) Explain procedure to patient
2) Give test meal to patient as ordered
3) Assist with insertion of nasogastric tube
4) Obtain specimens at prescribed intervals and send to laboratory
5) Remove or assist with removal of nasogastric tube
6) Document procedure and patient care
7) Note and report results

c. Tubeless gastric analysis

1) Explain procedure to patient
2) Obtain urine specimen in early morning after patient has been NPO the night before
3) Administer medication as indicated
4) Obtain urine specimen at prescribed time and check for presence of dye
5) Document procedure and patient care
6) Note and report results

d. Gastroscopy and esophagoscopy

1) Obtain completed informed consent prior to procedure
2) Administer any prescribed medications
3) Hold food and fluids until the gag reflex returns after the procedure
4) Administer prescribed analgesics for discomfort

ANSWERS TO TEST

    2) Prepare patient as indicted by radiology procedures
    3) After procedure, observe patient for adverse effects
    4) Document procedure and patient care
    5) Note and report results
  I. Ultrasonogram
    1) Explain procedure to patient
    2) Prepare patient as indicated by ultrasound technician
    3) Document procedure and patient care
    4) Note and report results

5. a. 3
  b. 5
  c. 1
  d. 4
  e. 2

6. a. Pyorrhea alveolaris
  b. Vincent's angina (trench mouth)
  c. Leukoplakia
  d. Stomatitis and gingivitis
  e. Herpes simplex (cold sore or fever blister)

7. a. 4
  b. 1
  c. 3
  d. 2

8. a. Cardiospasms
  b. Cancer
  c. Esophageal diverticulum

ANSWERS TO TEST

d. Esophageal varices

e. Achalasia

9. a. 1

b. 3

c. 2

10. a. Gastritis

b. Hiatus (hiatal) hernia

c. Cancer

d. Peptic ulcer

11. a. 4

b. 2

c. 1

d. 3

e. 5

f. 6

g. 9

h. 7

i. 8

12. a. Abdominal hernia

b. Ulcerative colitis

c. Diverticulitis

d. Chronic or acute constipation

e. Appendicitis

f. Diarrhea

g. Peritonitis

h. Cancer

i. Ileus

j. Crohn's disease

ANSWERS TO TEST

13. a. 3 c. 2

b. 1 d. 4

14. a. Pilonidal cyst

b. Hemorrhoids

c. Anal fissure

d. Cancer

e. Anal fistula with abscess

15. a. 2 d. 5

b. 3 e. 4

c. 1

16. a. Infectious viral hepatitis

b. Serum hepatitis

c. Cirrhosis

d. Hepatic coma

e. Cancer

f. Liver abscess

17. a. 3

b. 2

c. 1

18. a. Pancreatitis

b. Cholecystitis

c. Cancer (gallbladder or pancreas)

d. Cholelithiasis

ANSWERS TO TEST

19. **Surgical procedures**

a.	3	f.	4	k.	12
b.	7	g.	6	l.	5
c.	10	h.	11	m.	13
d.	9	i.	2		
e.	1	j.	8		

Interventions

a.	3	c.	4
b.	2	d.	1

20. b, c, e, f, g, h, j, l, m, o

21. a. Preoperative

    1) Reinforce surgeon's explanation of surgical procedure
    2) Explain any procedures, special equipment, and expectations of patient following surgery
    3) Obtain completed informed consent prior to procedure
    4) Prepare patient as indicated by surgeon according to specific surgical procedure
    5) Provide emotional support for patient and family

    b. Postoperative

    1) Encourage frequent turning, coughing, and deep breathing
    2) Monitor all drainage tube systems to make sure that equipment is functioning, note amount and type of drainage, and document procedure
    3) Check dressings frequently and reinforce if needed
    4) Provide oral and nasal care frequently if a nasogastric tube is in place
    5) Keep a strict I & O

ANSWERS TO TEST

6) Auscultate for signs for returning peristalsis and document

7) Ambulate as indicated by physician

8) Provide diet and liquids as indicated by physician

9) Instruct patient and family in home care and follow-up

22. a, b, d, f, g

23. a. 4
b. 1
c. 5
d. 3
e. 7
f. 2
g. 6
h. 10
i. 9
j. 13
k. 11
l. 8
m. 12

24. a. Biliary atresia
b. Omphalocele
c. Hypertrophic pyloric stenosis
d. Roundworms (ascariasis)
e. Umbilical hernia
f. Pinworms (enterobiasis)
g. Esophageal atresia with tracheoesophageal fistula
h. Hookworms (ancylostomiasis)
i. Celiac disease
j. Cleft lip and/or cleft palate
k. Intussusception
l. Meckel's diverticulum
m. Hirschsprung's disease (megacolon)

ANSWERS TO TEST

n. Imperforate anus

o. Acute diarrheal disturbance

25. Evaluated to the satisfaction of the instructor

26. Performance skills evaluated to the satisfaction of the instructor

ASSESSMENT AND MANAGEMENT OF DISEASES AND DISORDERS OF THE URINARY SYSTEM
UNIT XII

UNIT OBJECTIVE

After completing this unit, the student should be able to plan and give care to a patient with a disease or disorder of the urinary system. The student will show this knowledge by completing the assignment sheet, job sheets, and unit test with a minimum score of 85 percent.

SPECIFIC OBJECTIVES

After completing this unit, the student should be able to

1. Match to their correct definitions terms associated with the urinary system.
2. List general types of diseases and disorders that affect the urinary system.
3. Match to their correct uses procedures used to diagnose diseases and disorders of the urinary system.
4. State general nursing interventions for caring for patients undergoing diagnostic procedures of the urinary system.
5. Match to their correct descriptions types of infectious diseases and disorders that affect the urinary system.
6. Identify according to their symptoms and interventions types of infectious diseases and disorders that affect the urinary system.
7. Match to their correct descriptions types of noninfectious diseases and disorders that affect the urinary system.
8. Identify types of noninfectious diseases and disorders that affect the urinary system according to their symptoms and interventions.
9. Match to their correct descriptions types of obstructive diseases and disorders that affect the urinary system.
10. Identify according to their symptoms and interventions types of obstructive diseases and disorders that affect the urinary system.
11. Select from a list symptoms of uremia (kidney failure).
12. State general nursing interventions for caring for patients with uremia (kidney failure).
13. Match to their correct descriptions types of dialysis used in the treatment of diseases and disorders of the urinary system.

OBJECTIVE SHEET

14. State general nursing interventions for caring for patients receiving dialysis.

15. List symptoms of cancer of the kidney and bladder.

16. State general nursing interventions for caring for patients with cancer of the kidney and bladder.

17. State general nursing interventions in caring for patients with trauma to the bladder or kidneys.

18. Match to their correct descriptions common surgical procedures used in treating diseases and disorders of the urinary system.

19. State general nursing interventions for caring for patients undergoing surgery of the urinary system.

20. Select from a list nursing interventions for caring for patients with indwelling catheters.

21. State general nursing interventions for caring for patients who have urinary incontinence.

22. Match to their correct descriptions diseases and disorders of the urinary system that specifically affect pediatric patients.

23. Identify according to their symptoms and interventions diseases and disorders of the urinary system that specifically affect pediatric patients.

24. Plan care for patients with diseases and disorders of the urinary system.

25. Demonstrate the ability to
    a. Obtain a urine specimen from an indwelling catheter.
    b. Use the closed system to irrigate an indwelling catheter.

ASSESSMENT AND MANAGEMENT OF DISEASES AND DISORDERS OF THE URINARY SYSTEM
UNIT XII

SUGGESTED ACTIVITIES

I. Unit contents

- A. Objective sheet
- B. Suggested activities
- C. Information sheet
- D. Assignment Sheet #1 — Plan Care for Patients with Diseases and Disorders of the Urinary System
- E. Answers to assignment sheet
- F. Job sheets
    - 1. Job Sheet #1 — Obtain a Urine Specimen from an Indwelling Catheter
    - 2. Job Sheet #2 — Use the Closed System to Irrigate an Indwelling Catheter
- G. Test
- H. Answers to test

II. Instructor's guide

- A. Order materials to supplement unit.
    - 1. Filmstrips

      (NOTE: The following filmstrips are available from the Trainex Corporation, P. O. Box 116, Garden Grove,California 92642.)

        - a. *Acute Renal Failure*
        - b. *Peritoneal Dialysis: The Nurse's Role*
        - c. *Urinary Care*
        - d. *Closed Urinary Drainage System*
        - e. *Nursing Support During Dialysis Therapy*

SUGGESTED ACTIVITIES

f. *Your Hemodialysis Therapy*

g. *Your Peritoneal Dialysis Therapy*

h. *Controlling Your Diet During Dialysis Therapy*

i. *Care of Your Patient in Chronic Renal Failure*

j. *Diuretics*

k. *Fluid Retention—Edema*

l. *Nephrotic Syndrome*

m. *Urostomy Care at Home*

2. Resource materials — "Nursing Photobook: Implementing Urologic Procedures." Katherine W. Carey, ed. *Nursing83,* 1983.

B. Introduce unit by reviewing the normal anatomy and physiology of the urinary system.

SUGGESTIONS:

- Use the unit test in *Practical Nursing: Volume I,* Unit XII, "Urinary System and Fluid Balance," page 1361-C, to review students' knowledge of the urinary system.
- Provide an animal kidney for dissection to review the anatomy and physiology of the organ.

C. Review information related to the urinary system as a filter, and discuss the types of waste products excreted through the urine.

SUGGESTION:

- Ask students to recall or write down components or drugs that are specifically excreted through the urinary system.

D. Provide students with objective sheet.

E. Discuss unit and specific objectives.

F. Provide students with information, assignment, and job sheets.

G. Discuss information, assignment, and job sheets.

1. Discuss Information Sheet, Sections I through IV. Provide information concerning general types of diseases and disorders of the urinary system and the nurse's role in assisting in diagnosis.

SUGGESTED ACTIVITIES

SUGGESTIONS:

- Ask students to provide examples of general types of diseases and disorders of the urinary system.
- Provide copies of urinalyses or lab tests that have implications or values that indicate urinary diseases or disorders.
- Obtain permission for students to observe types of diagnostic examinations.
- Provide simulated clinical lab experience so that students may practice Job Sheet #1.
- Review information related to catheterization of the adult and pediatric patient.
- Review care of the patient with suprapubic catheter if used in your facility.

2. Discuss Information Sheet, Sections V and VI. Reinforce the importance of early diagnosis and treatment of infectious diseases and disorders of the urinary system to prevent irreparable damage.

   SUGGESTIONS:

   - Provide students with simulated laboratory results, and discuss significant values that indicate infection. Discuss the nurse's responsibilities in treatment.
   - Show filmstrip *Urinary Care*.

3. Discuss Information Sheet, Sections VII and VIII. Emphasize the need for immediate attention to systemic infections that could later cause types of nephritis in the kidney.

   SUGGESTIONS:

   - Ask students to list types of infections that could affect the kidney and cause lasting damage.
   - Show filmstrips *Diuretics*, *Fluid Retention—Edema*, *Nephrotic Syndrome*, *Acute Renal Failure*, and *Care of Your Patient in Chronic Renal Failure*.

4. Provide supplemental pictures to show the various obstructive diseases and disorders given in Information Sheet, Sections X and XI.

   SUGGESTIONS:

   - Use medical texts to show pictures of types of obstructive conditions.

SUGGESTED ACTIVITIES

- Show filmstrip *Urostomy Care at Home*.

- Obtain samples of kidney stones or show pictures of the relative size of the stones.

5. Discuss Information Sheet, Sections XII through XIV. Help students gain knowledge of the causes and treatment of uremia, including dialysis.

SUGGESTIONS:

- Have students develop care plans for simulated patients with uremia symptoms of kidney failure. Use Assignment Sheet #1, Patient #1.

- Obtain permission for students to rotate through a dialysis center, or if a dialysis center is not available for rotation, tour a nearby center.

- Ask a dialysis patient to visit the class to speak about the lifestyle of a person with kidney disease.

- Show filmstrips *Peritoneal Dialysis: The Nurse's Role*, *Nursing Support During Dialysis Therapy*, *Your Hemodialysis Therapy*, *Your Peritoneal Dialysis Therapy*, and *Controlling Your Diet During Dialysis Therapy*.

- Contact organizations for informative materials to share with the class concerning care of patients on continuous ambulatory peritoneal dialysis.

EXAMPLES: National Association of Patients on Hemodialysis and Transplantation, Inc., 156 Williams Street, New York, New York 10038

National Kidney Foundation, 116 East 27th Street, New York, New York 10016

6. Discuss Information Sheet, Sections XV and XVI. Emphasize the importance of early diagnosis of a patient with hematuria to rule out cancer of the kidney and bladder.

SUGGESTION:

- Provide a laboratory sample of urine containing various amounts of blood to demonstrate what to look for when assessing hematuria.

SUGGESTED ACTIVITIES

7. Discuss Information Sheet, Section XVII. Emphasize the need for students to make accurate observations of outward injuries or appearance of body that might indicate trauma to bladder or kidneys.

   SUGGESTION:

   - Point out locations or show pictures of the areas where injuries can occur that might damage the kidneys or bladder.

8. Discuss Information Sheet, Sections XVIII and XIX. Describe the various types of surgical procedures used in treating diseases and disorders of the urinary system, and explain the nurse's role in caring for patients undergoing surgery for such diseases and disorders.

   SUGGESTIONS:

   - Obtain permission for students to observe surgical procedures used to treat patients with diseases and disorders of the urinary system.

   - Ask students to create a care plan for a simulated patient undergoing a type of surgical procedure for a disease or disorder of the urinary system.

9. Discuss Information Sheet, Section XX. Reinforce students' knowledge and practice of sterile technique when caring for patients with catheters.

   SUGGESTIONS:

   - Show filmstrip *Closed Urinary Drainage System*.

   - Have students practice skills in Job Sheet #2.

10. Emphasize the importance of good hygiene and the need for bladder training for incontinent patients as outlined in Information Sheet, Section XXI.

    SUGGESTION:

    - Ask students to plan care for a simulated patient who is incontinent.

11. Discuss Information Sheet, Sections XXII and XXIII. Stress that pediatric patients may have many genetic defects that affect their urinary systems and that their systems cannot tolerate fluid overload or dehydration as well as an adult's system can.

    SUGGESTION:

    - Have students develop a care plan using Assignment Sheet #1, Patient #2.

SUGGESTED ACTIVITIES

H. Give test.

I. Reteach and retest if necessary.

III. Unit references

A. Brunner, Lillian Sholtis, and Doris Smith Suddarth. *The Lippincott Manual of Nursing Practice*, 3rd ed. Philadelphia: J. B. Lippincott Company, 1982.

B. Brunner, Lillian Sholtis, and Doris Smith Suddarth. *Textbook of Medical-Surgical Nursing*, 4th ed. Philadelphia: J. B. Lippincott Company, 1980.

C. Rogers, Helen V. *Nursing III: A Course of Study*. Stillwater, Oklahoma: State Department of Vocational and Technical Education/Curriculum and Instructional Materials Center, 1976.

D. Rosdahl, Caroline Bunker. *Textbook of Basic Nursing*, 3rd ed. Philadelphia: J. B. Lippincott Company, 1981.

E. Scherer, Jeanne C. *Introductory Medical-Surgical Nursing*. 3rd ed. Philadelphia: J. B. Lippincott Company, 1983.

F. Whaley, Lucille F., and Donna L. Wong. *Essentials of Pediatric Nursing*. St. Louis: The C. V. Mosby Company, 1982.

ASSESSMENT AND MANAGEMENT OF DISEASES AND DISORDERS OF THE URINARY SYSTEM
UNIT XII

INFORMATION SHEET

I. Terms and definitions

  A. Acidosis — Accumulation of acids in blood, or an excessive loss of bicarbonates from body through gastrointestinal tract

  B. Bruit — Adventitious vibration heard or felt when there is joining of an artery to vein, with blood moving through the vessel

  (NOTE: This joining of vessels could be congenital or from surgical intervention.)

  C. Incontinence — Inability to retain urine, semen, or feces, through loss of sphincter control or because of nerve impairment

  D. Stenosis — Constriction or narrowing of a passage or orifice

  E. Chordee — Painful downward curvature of the penis on erection

II. General types of diseases and disorders that affect the urinary system

  A. Infections

  EXAMPLE: Cystitis

  B. Obstructions

  EXAMPLES: Calculi, strictures

  C. Trauma

  EXAMPLES: Rupture of bladder, contusions to kidney

  D. Toxic conditions

  EXAMPLE: Uremia

  E. Cancer

  EXAMPLES: Wilms' tumor

III. Procedures used to diagnose diseases and disorders of the urinary system

  A. Laboratory tests

INFORMATION SHEET

1. Routine urinalysis — Used to assess pH, acetone, albumin, glucose, specific gravity, casts, crystals, pus or blood cells, and urine calcium

   (NOTE: A routine urinalysis may be collected as a single voided specimen, part of a fractured specimen, or a twenty-four-hour specimen. The urine may be taken as a clean-voided, midstream, or catheterized specimen.)

2. Urine culture and sensitivity — Used to assess type of microorganism and to determine drug to use to combat organism; uses a culture medium

3. Creatinine clearance — Used to measure volume of blood cleared of creatinine in one minute, thus providing a rough approximation of rate of glomerular filtration

   (NOTE: This test is used as an indicator of early renal disease and is also used to follow the progress of a patient's renal status.)

4. Serum creatinine — Used to determine balance between renal glomerular production and filtration

   (NOTE: The glomerular filtration rate can also be calculated through a process utilizing isotopes injected into the blood stream and scanned by a counter. This procedure is usually done in a metropolitan hospital or one that has a nuclear medicine department.)

5. Phenolsulfonphthalein test (PSP) — Used to assess the kidneys' functioning; uses an injectable dye and a series of collected urine specimens

6. Blood chemistry — Used to assess through a blood specimen how efficiently the kidney nephrons remove waste products, blood urea nitrogen, and nonprotein nitrogen; also measures fluid balance by assessing amounts of other electrolytes

B. Radiology tests

1. Intravenous pyelogram (IVP) — Used to visualize kidneys, ureters, and bladder; uses radiographs taken at intervals after radiopaque dye is administered intravenously

2. Kidney-ureter-bladder (KUB) — Used to visualize kidneys, ureters, and bladder; uses radiographs but does not use radiopaque dye

3. Cystogram — Used to visualize bladder and urethra; uses radiographs taken after radiopaque dye has been instilled directly into bladder through a catheter

   (NOTE: A radiograph can be taken to show the outline of the urethra while the patient is voiding [voiding cystogram].)

INFORMATION SHEET

4. Retrograde pyelogram — Used to visualize ureters and kidneys; uses radiographs after small catheters are placed into kidney pelvis and radiopaque dye has been instilled

5. Radioactive renogram and renoscan — Used to visualize kidneys; uses scanner after administration of radioactive substances

6. Ultrasonic scan — Used to identify abnormalities in kidney structure; uses an ultrasound scanner

7. Renal arteriogram — Used to visualize renal arterial supply; uses contrast medium injected through a catheter into femoral or axillary artery into aorta or renal artery

8. CAT scan — Used to visualize on a display screen a cross-section of kidney and urinary tract structures; uses a scanner

C. Surgical procedures

1. Cystoscopy — Used to visualize bladder; uses a scope; specimens from each kidney are obtained through small catheters passed into each ureter

2. Needle biopsy — Used to collect a specimen of kidney tissue; uses needle inserted through outer skin and underlying tissue

IV. General nursing interventions for caring for patients undergoing diagnostic procedures of the urinary system

A. Laboratory tests

1. Routine urinalysis, urine culture, and sensitivity

    a. Check physician's order and requisition

    b. Identify patient and explain procedure

    c. Obtain urine specimen as indicated

    d. Send labeled specimen to laboratory

    e. Document procedure

    f. Note results and report abnormalities or findings

2. Creatinine clearance and serum creatinine

    a. Check physician's order and requisition

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   b. Identify patient and explain procedure to gain cooperation

      (NOTE: The patient should be told the procedure for collecting the twenty-four-hour urine specimen used in the creatinine clearance test.)

   c. Obtain specimen container for creatinine clearance twenty-four-hour urine collection; post signs to indicate that this test is being done

   d. Obtain specimens indicated by laboratory procedure

      EXAMPLE: Creatinine clearance — Twenty-four-hour urine collection; then one sample of blood

      Serum creatinine — One sample of blood

   e. Document procedure and send urine collection to laboratory

   f. Note results and report abnormal values

3. Phenolsulfonphthalein test (PSP)

   a. Check physician's order and requisition

   b. Identify patient and explain procedure

   c. Follow laboratory policy as to fluids given to patient, time for administration of dye, and times for urine collection

   d. Send labeled specimens to the laboratory

   e. Document procedure

   f. Note results and report findings

4. Blood chemistry

   a. Check physician's orders and requisition

   b. Identify patient and explain procedure

   c. Notify laboratory of test to be done

   d. Document procedure

   e. Note results and report findings

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B. Radiology tests

1. Intravenous pyelogram (IVP)

   a. Check physician's order and requisition

   b. Identify patient and explain procedure; check for allergies

   c. Prepare patient as indicated by radiology policy

   (NOTE: Usually the evening before the test, the patient is given clear liquid supper and made NPO twelve hours prior to the test. A laxative may be given and may be followed by enemas the night before or the morning of test.)

   d. When patient returns from radiology, observe for numbness, tingling, palpitations, rash, and other symptoms of an allergic reaction

   e. If not contraindicated, force fluids for twenty-four hours to help flush dye from system and to relieve dehydration

   f. Document procedure

   g. Note results and report findings

2. Kidney-ureter-bladder (KUB)

   a. Check physician's order and requisition

   b. Identify patient and explain procedure

   c. Document procedure

   d. Note results and report findings

3. Renal arteriogram

   a. Obtain completed informed consent prior to procedure

   b. Prepare patient as indicated by physician or radiology department

   EXAMPLES: Give cathartic or enema before procedure, shave proposed injection site, locate and mark peripheral pulses to use in postprocedure assessments, administer prescribed sedatives.

   c. Following the procedure, assess vital signs until patient is stabilized

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    d. Assess injection site for swelling and hematoma
    e. Check peripheral pulses
    f. Assess color and temperature of extremity used for injection site
    g. Reassure patient
    h. Document patient care

4. CAT scan — No preparation needed

5. Cystogram, retrograde pyelogram, radioactive renogram and renoscan
    a. Check physician's order and requisition
    b. Identify patient and explain procedure
    c. Prepare patient according to radiology policy
    d. Document procedure
    e. Note results and report findings

C. Surgical procedures

1. Cystoscopy
    a. Check physician's orders and requisition
    b. Obtain completed informed consent prior to procedure
    c. Follow routine preoperative procedures for patient preparation

       (NOTE: A cystoscopy is usually done under a general anesthetic or a spinal.)

    d. Provide postoperative care as indicated by physician
    e. Observe and report color and consistency of urine
    f. Observe for chills, fever, and other signs of infection
    g. Observe for symptoms of complications, including sharp abdominal pain, hematuria, anuria, or urine retention
    h. Encourage patient to drink fluids

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- i. Check voiding after catheter is discontinued
- j. Document patient care

2. Needle biopsy
   - a. Check physician's orders and requisition
   - b. Obtain completed informed consent prior to procedure
   - c. Prepare patient as indicated by physician

     (NOTE: The patient will usually receive a sedative, and the area over the kidney will be prepared.)
   - d. Reassure patient throughout procedure
   - e. Document procedure
   - f. Send labeled specimen to laboratory
   - g. Keep patient flat for twenty-four hours
   - h. Observe for any symptoms of hemorrhage
   - i. Note results and report findings

V. Infectious diseases and disorders that affect the urinary system

- A. Cystitis — Inflammation of bladder
- B. Pyelonephritis — Inflammation of kidney tissues and pelvis

  (NOTE: Acute pyelonephritis can become a chronic condition if not treated promptly and properly. Chronic pyelonephritis can damage a kidney beyond treatment or repair.)
- C. Tuberculosis of the kidney — Inflammation of kidney caused by a tubercle bacillus

  (NOTE: Tuberculosis of the kidney is usually secondary to TB elsewhere in the body. The patient with prolonged illness may develop ureteral stenosis or bladder contractions as complications during the healing process.)
- D. Urethritis — Inflammation of urethra

INFORMATION SHEET

VI. Symptoms and interventions for infectious diseases and disorders that affect the urinary system (Table 1)

TABLE 1

Disease or Disorder	Symptoms	Interventions
Cystitis	Urgency to void Frequency Dysuria Perineal and suprapubic pain Hematuria, especially at end of urine stream Chills and fever	Obtain specimen for culture and sensitivity test Administer prescribed antibiotics and antispasmodics Encourage large amounts of fluids Provide warm sitz baths Observe urine for hematuria
Pyelonephritis	Flank pain Malaise Nausea Chills and fever Pus in urine Frequency and dysuria if bladder is affected	Maintain bed rest Encourage fluid intake Obtain specimen for culture and sensitivity test Administer prescribed antibiotics and analgesics Provide additional skin care
Tuberculosis of the kidney	Slight afternoon fever Loss of weight Anorexia Irritability of bladder Hematuria Increased urine output with large amounts of pus Nocturnal diaphoresis	Obtain specimen for culture and sensitivity test Assist with other diagnostic tests to find other areas of infection Provide adequate nutrition and fluids Maintain bed rest in acute stage Use medical asepsis when caring for patient Administer prescribed drugs Educate patient and family in long-term care and follow-up
Urethritis	Discomfort on urination Frequency Burning sensation on urination	Administer prescribed antibiotics and analgesics Provide sitz baths Provide adequate nutrition and fluids Instruct patient to cleanse meatus and perineum gently with soap and water Provide peri care if patient has indwelling catheter

INFORMATION SHEET

VII. Types of noninfectious diseases and disorders that affect the urinary system

A. Nephritis (Bright's disease) — Inflammation of kidneys and glomeruli occurring as secondary to infection in other body systems

(NOTE: Nephritis is a group of diseases in which the kidneys are damaged and destroyed. It is not due to infection of the organ but is the result of side effects of the defense mechanism of the body against infection in other systems.)

B. Acute glomerulonephritis — Injury to glomeruli due to an infectious process

C. Chronic glomerulonephritis — Continuous inflammation of glomeruli of kidney that causes irreparable damage to nephrons

D. Polycystic kidney — Enlargement of kidneys and progressive renal failure due to hereditary bilateral cysts throughout renal parenchyma

VIII. Symptoms and interventions for noninfectious diseases and disorders that affect the urinary system (Table 2)

TABLE 2

Disease or Disorder	Symptoms	Interventions
Acute glomerulonephritis	Edema around eyes and face Fever (possible) Vomiting Anuria Hypertension Dyspnea Irritability Visual disturbances Hematuria Anemia Convulsions and congestive heart failure in last stage if not treated	Obtain specimen for laboratory examination Maintain bed rest Assess vital signs, especially blood pressure Observe for hematuria Keep strict I & O Give fluids as prescribed by physician Provide diet low in sodium and high in carbohydrates Administer prescribed antibiotics, antihypertensives, and in some cases, corticosteroids

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Disease or Disorder	Symptoms	Interventions
Chronic glomerulonephritis	Generalized edema Headache from hypertension Nocturia Dyspnea Anemia Visual disturbances Albuminuria Cardiac failure	Educate patient and family in healthful regimen to prevent any infection Maintain bed rest when attacks begin Observe for hematuria Evaluate vital signs, especially blood pressure Administer prescribed analgesics, antibiotics, and antihypertensives Provide diet low in sodium Maintain reverse isolation in nephrotic stage Provide care before and following dialysis and possible transplant
Polycystic kidney	Hematuria Hypertension Abdominal or lumbar pain Recurrent urinary tract infections Palpable renal masses Renal failure in end stage	Assist with diagnostic tests Treat symptoms Provide care before and following hemodialysis in end stage Provide genetic counseling Give supportive care

IX. Types of obstructive diseases and disorders that affect the urinary system

A. Nephrolithiasis — Formation of renal stones

(NOTE: Stones can contain various salts, uric acid, and calcium oxalate. Stones may not cause symptoms until they attempt to pass through urinary passages. Infection, urinary stasis, and dehydration may be contributing factors in the formation of renal stones.)

B. Hydronephrosis — Dilation of pelvis and calyces of one or both kidneys from obstruction of urinary flow

(NOTE: If the obstruction is in the urethra or the bladder, back pressure affects both kidneys; if limited to one ureter, due to a kidney stone or a kink, only one kidney is damaged.)

C. Urethral strictures — Constriction of urethra by fibrous bands

(NOTE: Constriction of the urethra causes the urine to become stagnant in the bladder and can lead to infection. This condition is more common in men because of the length of the male urethra.)

INFORMATION SHEET

X. Symptoms and interventions for types of obstructive diseases and disorders that affect the urinary system (Table 3)

TABLE 3

Disease or Disorder	Symptoms	Interventions
Nephrolithiasis	Hematuria Pyuria Nausea and vomiting Diaphoresis Renal colic Severe pain over kidney area and down flank as stone tries to move	Administer prescribed narcotics or analgesics Save all urine and strain for calculi Apply warm packs to painful areas Force fluids Provide pre- and postoperative care if surgical removal is indicated
Hydronephrosis	Pain Fever (possible) Renal and abdominal tenderness (NOTE: Symptoms depend on the cause of the blockage. The cause may be calculi, kinks, diverticulums, or strictures along the tract.)	Administer prescribed drugs Assist with drainage of urine from kidney Keep strict I & O Encourage fluid intake Provide low-sodium diet Assist in dialysis therapy if indicated Provide pre- and postoperative care if surgery is indicated
Urethral strictures	Difficulty in voiding Burning on urination	Assist in dilation process Encourage fluid intake Administer prescribed drugs Provide pre- and postoperative care if surgery is indicated

XI. Symptoms of uremia (kidney failure)

A. Early symptoms

1. Mild headaches
2. Occasional intestinal discomfort
3. Malaise
4. Irritability
5. Dizziness

INFORMATION SHEET

6. Blurring of vision

7. Slowness of mental activity

B. Later symptoms

1. Pallor

2. Edema or dehydration

(NOTE: Edema or dehydration will occur depending on which part of the kidney is involved.)

3. Oliguria (below 500 ml per day)

4. Low specific gravity of urine

5. Increase in BUN

6. Increased severity of headaches

7. Halitosis

8. Acidosis

9. Uremic frost

(NOTE: Uremic frost crystals are seen around the patient's nose, mouth, and extremities. The frost is made up of waste products that the kidneys are not excreting in the urine.)

10. Pruritus

11. Malodor of body

(NOTE: The obvious smell of stale urine will be over entire body.)

12. Convulsions

XII. General nursing interventions for caring for patients with uremia (kidney failure)

(NOTE: Uremia is a toxic condition that results from renal insufficiency and retention of nitrogenous substances in the blood. Uremia or kidney failure can be caused from kidney disease or urinary tract infections or it may follow acute glomerulonephritis. Outside factors such as inhalation of highly toxic substances, traumatic injury, or drug poisoning may cause uremia. The main goals are to find the cause of the problem and to intervene appropriately.)

A. Assist in diagnostic procedures

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B. Assess renal status frequently

C. Restrict fluids as prescribed and keep strict I & O

D. Provide a diet high in fats and carbohydrates but low in protein, sodium, and potassium

E. Provide good skin care and special mouth care

F. Observe for signs of secondary infections

G. Administer prescribed alkaline solution or medication to combat acidosis

H. Observe for complications of cardiac overload and respiratory distress

I. Give supportive care

(NOTE: The patient with kidney failure will be very ill, and the prognosis is usually not favorable. Dialysis may be used to take over the work of the damaged kidneys.)

XIII. Descriptions of types of dialysis used in the treatment of diseases and disorders of the urinary system

(NOTE: The artificial kidney can take over for the damaged kidney that is not able to filter and excrete wastes, or it may be used when the kidneys cease to function due to disease, shock, or drug poisoning.)

A. Hemodialysis — Removal of body wastes using a semipermeable membrane in a machine; blood is supplied through an arterial-venous shunt, usually in arm or groin

B. Peritoneal dialysis — Removal of body wastes via a catheter inserted into peritoneal cavity; uses patient's peritoneal membrane as semipermeable membrane

(NOTE: In peritoneal dialysis, the isotonic solution is run through the catheter, allowed to remain in the peritoneal cavity for a specified length of time, and then drained out into a container.)

C. Continuous ambulatory peritoneal dialysis (CAPD) — Method of dialysis that allows patient to perform treatment at home without being confined to a bed or hooked to a machine

(NOTE: CAPD is a dialysis method that involves almost continuous peritoneal contact with a dialysis solution. It is used primarily for patients in end-stage renal disease.)

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XIV. General nursing interventions for caring for patients receiving dialysis

(NOTE: Once a patient undergoing dialysis realizes that a great deal of kidney machine time will be required or that peritoneal dialysis will be required until a donor kidney is available, that person may become angry, frightened, or discouraged. Such patients may take out their feelings on the nurses who care for them. Developing a close relationship with the patient is a challenge for the nurse who provides dialysis care.)

A. Hemodialysis

1. Prepare patient as prescribed by physician for surgical procedure to create the vascular shunt

2. Record patient's weight before and after dialysis

3. Take vital signs before and after dialysis

   (NOTE: Blood pressure will be elevated for a time following dialysis.)

   (CAUTION: Never take the blood pressure or perform venipunctures on the shunted arm.)

4. Observe for symptoms of edema in hands, feet, and face

5. Arrange to give patient care early in morning or late in afternoon after treatment

   (NOTE: Patients usually have their dialysis early in the morning. Baths should be given before or well after the treatment because patients are usually tired and need rest following the procedure.)

6. Check for any bleeding that may occur after dialysis, especially at the needle site of vascular access

   (NOTE: Heparin given during the dialysis procedure may cause bleeding at the site or in other parts of the body. If bleeding appears, firm pressure should be applied on the arm graft for ten to twenty minutes. Make sure that circulation on either side of the graft is not impeded.)

7. Listen for a bruit at graft site

8. Check for air spaces and darkened areas in tubing that may result from separation of plasma and red blood cells

   (NOTE: If these signs are noted, there is a possibility that the shunt is clotted. Notify the supervisor immediately.)

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9. Keep a strict I & O, and assist patient in taking prescribed amount of fluids over a scheduled period during the day

10. Assist patient in selecting a high caloric diet low in protein, sodium, and potassium

11. Assess laboratory values and report any abnormalities

    (NOTE: Become familiar with normal laboratory values for dialysis patients. They differ from the norms.)

12. Administer prescribed drugs after checking modified dosages and types of drugs that can be safely given to dialysis patients

    (NOTE: Because of the limited ability or complete inability of the kidneys to filter waste products, certain drugs should be avoided and dosages of other drugs must be modified to reduce the chance of an overdose or toxic reaction. If you have questions about any drugs or dosages, contact the physician or pharmacist for more information.)

13. Provide emotional support to patient and family; assist them in adapting to the realities of dialysis

B. Peritoneal dialysis

1. Use strict aseptic technique when performing the dialysis procedure

    (NOTE: The nurse will be responsible for hospital dialysis treatment and will need to instruct the patient and family in home care.)

2. Weigh patient before and after procedure

3. Assess vital signs before and after procedure

4. Keep accurate records of the procedure, including appearance of catheter insertion site, type of dialysis solution, and amount of normal body output plus the dialysis

5. Observe for signs of drug reactions, abdominal distention, bleeding around catheter site, infection, respiratory or cardiac distress, and leakage of urine around catheter

6. Give good skin care and oral hygiene

7. After dialysis, encourage patient to breathe deeply and to turn frequently

C. Continuous ambulatory peritoneal dialysis

1. Assist physician in placement of permanent catheter implanted in peritoneal cavity and exiting from abdomen

INFORMATION SHEET

2. Instruct patient and family in procedures used to set up, administer, monitor, and maintain dialysis system

3. Stress to patient and family the need for meticulous care of equipment and catheter

4. Explain to patient the need for observation and early treatment of symptoms of complications such as peritonitis

5. Recommend any home care agencies in the community that may be helpful to patient and family

6. Encourage patient and family to verbalize their feelings and to adapt a new life-style

   (NOTE: Patients on home dialysis are less restricted than those who need to go to a dialysis center for treatment, but they are somewhat restricted in their life-style because the procedure must be performed three to five times daily. Patients and their families need assistance in adjusting to changes in the daily routine.)

XV. Symptoms of cancer of the kidney and bladder

A. Kidney

(NOTE: The malignant hypernephroma is the most common tumor of the parenchyma of the adult kidney. Unfortunately the tumors can grow quite large before symptoms are noticed.)

1. Weight loss
2. Malaise
3. Unexplained fever
4. Hematuria
5. Pain

   (NOTE: Pain may be intermittent but increases as tumor mass enlarges and presses against other organs.)

B. Bladder

(NOTE: Unlike kidney tumors, bladder tumors may be benign or malignant. Unless the cancer spreads through muscle tissue, metastasis is less likely to occur.)

1. Painless hematuria

INFORMATION SHEET

2. Pressure in bladder area as growth occurs

XVI. General nursing interventions for caring for patients with cancer of kidney and bladder

A. Kidney

1. Assist with diagnostic procedures

2. Provide pre- and postoperative care for removal of tumor and involved organs

3. Monitor patient carefully for uremia

(NOTE: Uremia may be an indication that the remaining kidney cannot handle wastes adequately.)

4. Provide care for patient if radiotherapy is indicated

5. Give emotional support to patient and family

B. Bladder

(NOTE: If painless hematuria occurs, immediate diagnostic tests should be performed.)

1. Assist with diagnostic tests

(NOTE: Cystoscopy and IVP will be performed to check the urinary system for masses.)

2. Provide pre- and postoperative care for patients undergoing surgery to remove tumor masses

(NOTE: Depending on the type and size of the tumor, surgical removal will take place either through a scope or through the abdomen or perineum.)

3. Give emotional support to patient and family

XVII. General nursing interventions for caring for patients with trauma to the bladder or kidneys

(NOTE: Injury to the bladder may happen as a result of a fracture of the symphysis pubis or from a blow to the lower abdomen when the bladder is full. Various types of injuries of the flank, back, or upper abdomen may cause bruising, laceration, or rupture of the kidney.)

A. Observe for anuria in patients suspected of traumatic injury to bladder or kidneys

B. Keep strict I & O

C. Observe urine for hematuria

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D. Observe patient for symptoms of peritonitis

E. Prepare patient for surgical intervention if injuries are known to have damaged bladder or kidneys

XVIII. Common surgical procedures used in treating diseases and disorders of the urinary system

A. Cystostomy — Surgical incision of bladder to establish a temporary opening

B. Nephrostomy — Surgical incision of kidney to establish a temporary opening

C. Ureterostomy — Surgical incision of ureter to establish a temporary opening

D. Pyelolithotomy — Surgical incision into renal pelvis to remove a stone

E. Nephrolithotomy — Surgical incision into parenchyma of kidney from the outside to remove a stone in calyx

F. Nephrectomy — Surgical removal of kidney

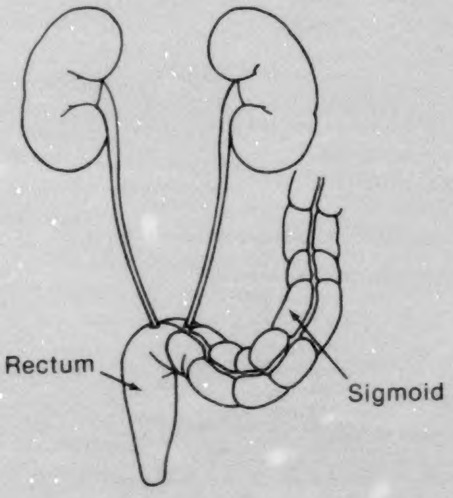
G. Cystectomy — Surgical removal of bladder

H. Ureterosigmoidostomy — Surgical transplant of ureters to sigmoid colon (Figure 1)

(NOTE: The ureterosigmoidostomy is done when removal of the bladder is necessary. The patient will then void and defecate through the rectum.)

EXAMPLE:

FIGURE 1



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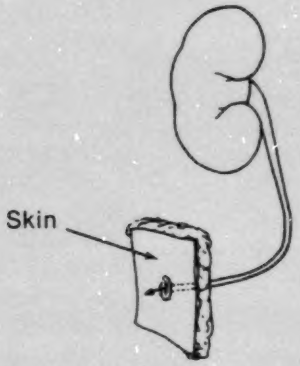
INFORMATION SHEET

I. Cutaneous ureterostomy — Surgical transplant of ureter to skin surface (Figure 2)

(NOTE: The patient with a cutaneous ureterostomy must wear collecting cups over the stoma that drain into a leg bag.)

EXAMPLE:

FIGURE 2



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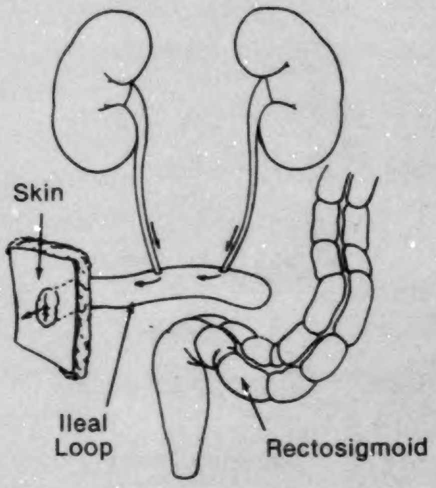
J. Ileal conduit — Surgical transplant of ureters to a section of terminal loop or to a loop of colon that is brought out through abdominal wall (Figure 3)

EXAMPLE:

FIGURE 3



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INFORMATION SHEET

XIX. General nursing interventions for caring for patients undergoing surgery of the urinary system

A. Reinforce physician's explanation of procedure with explanations or drawings

B. Obtain a completed informed consent prior to procedure

C. Prepare patient as indicated by physician

(NOTE: Preparing patients for urinary surgery may include the administration of antibiotics, sedatives, IV solution, or other preparations as prescribed. Skin preps may be needed if abdominal or perineal approaches are to be made.)

D. Observe vital signs following surgical procedure

E. Observe urinary output and keep strict I & O

F. Splint incisional area when patient turns, coughs, and breathes deeply

(NOTE: Be sure to turn patient to unaffected side.)

G. Observe for symptoms of hemorrhage

(NOTE: Be sure to check for pooling of blood under the patient. Hemorrhage may occur as much as ten days after surgery.)

H. Provide additional skin care if drainage of urine occurs around catheter or through the dressings

I. Change dressings as ordered; expect large amounts of serosanguineous drainage

J. Use sterile technique when handling catheters inserted directly into organs

K. Administer prescribed medications

L. Assess all laboratory values and report abnormalities

XX. Nursing interventions for caring for patients with indwelling catheters

(NOTE: There are a variety of catheters used in the elimination of urine. Aseptic or sterile technique should be used in the care of these catheters.)

A. Check all catheters for patency

B. Check tubing for any kink or compression that obstructs flow of drainage

INFORMATION SHEET

C. Check for leakage of urine around catheter

D. Observe urine for color, consistency, and odor

E. Secure catheter and check security if patient is ambulatory or active in bed

F. Irrigate catheter only when prescribed by physician

G. Remove or assist with removal of catheter as indicated

H. Keep a strict I & O before and after catheterization

(CAUTION: When documenting I & O, be sure to record the various catheters and the drainage from each separately.)

EXAMPLES: Ureterostomy, suprapubic

XXI. General nursing interventions for caring for patients who have urinary incontinence

(NOTE: Urinary incontinence may occur for any of several reasons. Patients who are unconscious or who have urinary infection or impairment to the nerves for urinary stimulation may have incontinence.)

A. Assess cause of incontinence

B. Provide extra skin care to prevent breakdown

C. Assist patient to establish a voiding routine

EXAMPLES: Offer bedpan or urinal at specified intervals; clamp catheter and then release to promote bladder tone.

D. Instruct patient or family in process of irrigating, removing, or reinserting catheter; and explain daily care if urinary catheterization is to be a lifelong process

XXII. Diseases and disorders of the urinary system that specifically affect pediatric patients

A. Hypospadias — Congenital abnormal opening of male urethra on underside of penis and of female urethra into vagina

(NOTE: The opening may be located behind the glans penis or anywhere along the ventral surface of the penile shaft. The most severe malformation occurs when the opening is located on the perineum between the two halves of the scrotum.)

B. Epispadias — Congenital abnormal opening of male urethra on dorsal surface of penis

(NOTE: Epispadias may also appear in females as a urethral opening in the labia minora or the clitoris, but this condition is extremely rare.)

INFORMATION SHEET

C. Exstrophy of bladder — Congenital defect in which the bladder develops on outside of body

(NOTE: Exstrophy of bladder occurs more commonly in males and may be associated with other defects such as undescended testes, epispadias, and inguinal hernias.)

D. Wilms' tumor — Congenital malignant tumor of the kidney; usually the left kidney

E. Nephrotic syndrome (childhood nephrosis) — Increased permeability of glomeruli to proteins, especially albumin, that leak through membrane and are lost in urine

F. Acute glomerulonephritis — Noninfectious disease following an infection in the body that results in an inflammatory process in glomeruli of kidney

G. Hemolytic-uremic syndrome — Inflammatory condition of glomeruli that follows viral infections

H. Alport's syndrome (familial glomerulopathy) — Chronic hereditary nephritis

XXIII. Symptoms and interventions for diseases and disorders of the urinary system that specifically affect pediatric patients (Table 4)

TABLE 4

Disease or Disorder	Symptoms	Interventions
Hypospadias	Obvious opening on underside of penis Chordee of penis	Instruct parents in care of infant Provide pre- and postoperative care during phases of reconstructive surgery (NOTE: Surgical interventions include release of the chordee and progressive lengthening of the urethra. Most complex surgery is done at about age three.)
Epispadias	Obvious opening on dorsal side of penis	Instruct parents in care of infant Provide pre- and postoperative care during phases of reconstructive surgery

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Disease or Disorder	Symptoms	Interventions
Exstrophy of bladder	Obvious appearance of bladder on outside at birth (NOTE: Other symptoms will depend on gender and defects associated with the exstrophy.)	Reassure parents Keep infant dry Teach parents care of child Provide pre- and postoperative care during phases of reconstructive surgery (NOTE: The main objectives of surgery include preservation of renal function, attainment of bladder control, reconstruction for cosmetic appearance, and improvement of sexual functioning. An ileal conduit, also called a *ureteroileal cutaneous ureterostomy*, is commonly performed.)
Wilms' tumor	Swelling or mass within the abdomen Pallor, anemia, anorexia, and lethargy if hemorrhage occurs in tumor Weight loss Fever (NOTE: Additional symptoms may appear as other body systems are invaded by metastasis.)	Assist with diagnostic tests EXAMPLES: Abdominal and chest x rays, IVP, bone and organ scans, blood chemistry tests, urinalysis (NOTE: It is important that after the diagnosis has been made, the parents and health staff remember not to palpate the abdomen as this could spread the cancer cells.) Provide emotional support for parents Provide pre- and postoperative care for removal of kidney tumor and adjacent adrenal gland Assist in care after radiotherapy given to children above eighteen months old Assist with administration of chemotherapy and postcare following chemotherapy Instruct parents in home care and follow-up

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Disease or Disorder	Symptoms	Interventions
Nephrotic syndrome (nephrosis)	Weight gain Puffiness of face, especially around eyes Swelling of abdomen and lower extremities Respiratory distress Labial or scrotal swelling Diarrhea Anorexia Increased output of dark, frothy urine Extreme skin pallor Fatigue Irritability Susceptibility to infections	Assist with diagnostic tests Maintain bed rest in acute phase Provide diet low in sodium Administer prescribed corticosteroids Give extra skin care to prevent breakdown Protect from infections Observe for early symptoms of any infection Maintain strict I & O Give emotional support to parents as there is a lengthy recovery period
Acute glomerulonephritis	Puffiness of face, especially around eyes Anorexia Dark-colored urine Pallor Irritability Headaches Dysuria Vomiting Mild elevation of blood pressure (NOTE: Symptoms usually follow about ten days after a strep infection.)	Assist with diagnostic tests Observe urine for hematuria Maintain bed rest in acute phase Assess vital signs, especially blood pressure Provide a diet low in sodium Administer prescribed antibiotics if indicated for presence of strep infection Maintain strict I & O Instruct parents and older child in home care and follow-up
Hemolytic-uremic syndrome	Anorexia Irritability Lethargy Pallor Bruising, purpura, or rectal bleeding Elevated BUN and serum creatinine Oliguria or anuria	Assist with diagnostic tests Assist with peritoneal dialysis Assist with and monitor transfusions of fresh, washed, packed cells Maintain bed rest in acute phase Assess vital signs Observe for symptoms of shock Give emotional support to parents
Alport's syndrome (familial glomerulopathy)	Hematuria Proteinuria Malaise Mild edema (NOTE: Symptoms progress from infancy until uncontrollable renal failure develops in adolescence or early adulthood.)	Treat symptoms as indicated by physician Assist parents or patient in adapting a restricted life-style Assist in dialysis therapy Encourage genetic counseling if disease is present in family history

ASSESSMENT AND MANAGEMENT OF DISEASES AND DISORDERS OF THE URINARY SYSTEM
UNIT XII

ASSIGNMENT SHEET #1 — PLAN CARE FOR PATIENTS WITH DISEASES AND DISORDERS OF THE URINARY SYSTEM

NAME ______________________________ SCORE ______________

Good observation skills are necessary for the nurse caring for a patient with a disease or disorder of the urinary system. The nurse must be able to detect a number of early symptoms and realize that they could involve the renal organs. Dialysis and kidney transplants are becoming common forms of treatment for patients with damaged kidneys. The nurse plays an important role in the recovery process of these patients.

This assignment sheet provides you with two simulated case studies of patients with diseases and disorders of the urinary system. You will need to recall some information already learned and to research some material that you will need to answer the questions. Hand in the completed assignment to the instructor for evaluation, or discuss in class.

Patient #1

Elmer Harden, forty years old, came into the ER by ambulance after being found unconscious by his neighbor. The admitting diagnosis is acute renal failure. A urinary catheter has been inserted with very little return. He was brought to consciousness and complained of a severe headache. He has been brought to the floor after being stabilized. There is a strong smell of urine over his body. You are assigned to care for him and develop the care plan.

A. What other symptoms would you expect Mr. Harden to exhibit?

____

____

____

B. Mr. Harden appears to have what looks like salt around his nose and mouth. What is the term for this material?

____

C. Blood chemistry shows that Mr. Harden has an elevated BUN. What is the main reason for this elevation?

____

____

D. What is the main reason for Mr. Harden's complaint of severe headache?

____

ASSIGNMENT SHEET #1

E. Mr. Harden's blood chemistry also shows a high potassium level. Knowing that this could be dangerous, what condition should you observe for?

____

F. As Mr. Harden's condition improves, the physician orders a high carbohydrate diet. Why are these feedings given to Mr. Harden?

____

G. The diet is low in protein, sodium, and potassium. What are the reasons for these restrictions?

____

____

____

H. The physician has ordered peritoneal dialysis for Mr. Harden and has asked you to explain the procedure to the patient. What details would you provide?

____

____

____

____

____

I. One purpose for the peritoneal dialysis for Mr. Harden is to remove the extracellular fluid. What dialyzing solution should be used for Mr. Harden—hypotonic, isotonic, or hypertonic?

____

J. Because the solution must flow back into a container by gravity, what position would be most beneficial for Mr. Harden to assume?

____

K. What are some of the main causes of kidney failure?

____

____

____

ASSIGNMENT SHEET #1

Patient #2

Sherry Brown, age seven, has been admitted to your unit with a diagnosis of nephrotic syndrome. She is lethargic and has overall edema, especially in the face and around her eyes. You have been assigned to her care.

A. What would be one of your initial interventions?

____

B. What would you expect from Sherry's vital signs when you take them?

____

C. On receiving Sherry's blood analysis from the lab, what kind of results would you see?

____

____

D. What would be the best intervention to help Sherry reduce the edema in her face and eyelids?

____

E. What main type of medication would you expect the physician to order for Sherry? What are some of the side effects of this medication if the drug is used as long-term therapy?

____

____

____

____

F. If Sherry begins to develop renal failure, what would be some of the first symptoms you would observe?

____

G. Would you expect the physician to order large quantities of fluids or to restrict the amount of fluids for Sherry? Why?

____

____

ASSESSMENT AND MANAGEMENT OF DISEASES AND DISORDERS OF THE URINARY SYSTEM
UNIT XII

ANSWERS TO ASSIGNMENT SHEET

Assignment Sheet #1 (Suggested answers)

Patient #1

A. Acidosis, itching of skin, convulsions, halitosis, edema or dehydration, pallor

B. Uremic frost

C. The high BUN is due to an increased breakdown of proteins that remain in the blood rather than being filtered through the kidneys.

D. Mr. Harden's headaches are due to high blood pressure seen in kidney failure.

E. High potassium levels can lead to cardiac arrhythmias and cardiac arrest.

F. To provide more calories for needed energy

G. Protein is not being broken down and patient could not tolerate the load; potassium is not being excreted already and could cause cardiac problems; sodium retained is causing an increase in fluid retention.

H. Peritoneal dialysis is done through a catheter inserted into the peritoneal cavity. The insertion will be done under a local anesthetic and the patient can expect some pressure upon insertion. A solution will be infused through the catheter and drained out, taking out all the substances that the kidneys are not able to filter from the body at that time.

I. Hypertonic

J. Turn patient from side to side or place on side.

K. Acute kidney failure can occur after acute glomerulonephritis, drug poisoning, infections, inhalation of toxic substances, and other severe shocks to the renal system.

Patient #2

A. Weigh the patient.

B. An elevation of blood pressure

C. The blood values will show decreased serum protein, decreased serum albumin, increased BUN, increased creatinine level, and increased cholesterol.

D. Elevate the head of the bed.

ANSWERS TO ASSIGNMENT SHEET

E. Prednisone: growth retardation, Cushing's syndrome, gastrointestinal bleeding, hypertension, bone demineralization, infections, and possibly steroid-induced diabetes

F. Lethargy, drowsiness, and hypertension

G. Restrict fluids; depending on the stage of the disease, the body already has an overload, and fluids may not be filtered properly.

ASSESSMENT AND MANAGEMENT OF DISEASES AND DISORDERS OF THE URINARY SYSTEM
UNIT XII

JOB SHEET #1 — OBTAIN A URINE SPECIMEN FROM AN INDWELLING CATHETER

I. Equipment

A. Sterile 10 ml syringe with a #21 G or #22 G needle

B. Antiseptic swabs

C. Sterile specimen container with cap and label

D. Toothless clamp or guarded hemostat

II. Procedure

A. Check physician's order and requisition

B. Obtain equipment

C. Identify patient and explain procedure

D. Wash hands

E. Clamp catheter tubing about 3 inches distal to aspiration port

F. Check tubing every five to ten minutes to see if sufficient urine has been collected for specimen

(CAUTION: DO NOT leave the catheter clamped longer than ten minutes. Urine may pool in bladder and cause infection.)

G. Clean aspiration port with alcohol swab

H. Uncap needle and insert into aspiration port

I. Aspirate specimen into syringe

(NOTE: If using a rubber catheter, you may aspirate the specimen from the distal end of the catheter, but do not try this if using a silastic, silicone, or plastic catheter.)

J. Withdraw needle and expel urine into specimen container

K. Remove clamp from tubing

L. Cap container, label, and send to lab with requisition

JOB SHEET #1

✓

M. Wash hands

N. Document aspirated amount on patient's I & O record, the chart, and other required forms

JOB SHEET #1

III. Checklist for procedure for obtaining a urine specimen from an indwelling catheter

		Performed Well	Needs Improvement
A.	Checked physician's order and requisition	☐	☐
B.	Obtained equipment	☐	☐
C.	Identified patient and explained procedure	☐	☐
D.	Washed hands	☐	☐
E.	Clamped catheter tubing about 3 inches distal to aspiration port	☐	☐
F.	Checked tubing every five to ten minutes to see if sufficient urine had been collected for specimen	☐	☐
G.	Cleaned aspiration port with alcohol swab	☐	☐
H.	Uncapped needle and inserted into aspiration port	☐	☐
I.	Aspirated specimen into syringe	☐	☐
J.	Withdrew needle and expelled urine into specimen container	☐	☐
K.	Removed clamp from tubing	☐	☐
L.	Capped container, labeled, and sent to lab with requisition	☐	☐
M.	Washed hands	☐	☐
N.	Documented aspirated amount on patient's I & O record, the chart, and other required forms	☐	☐

Comments: ____

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____

____

____

ASSESSMENT AND MANAGEMENT OF DISEASES AND DISORDERS OF THE URINARY SYSTEM
UNIT XII

JOB SHEET #2 — USE THE CLOSED SYSTEM TO IRRIGATE AN INDWELLING CATHETER

(NOTE: Another method of irrigating an indwelling catheter is to use a three-way lumen catheter. The third lumen leads to a closed container of an antibacterial irrigation solution that is instilled into the bladder as often as the physician orders.)

I. Equipment

- A. Syringe, 50 cc
- B. Needle, #18 G
- C. Irrigating solution (usually normal saline or sterile water)
- D. Antiseptic wipes

II. Procedure

- A. Check physician's orders
- B. Obtain equipment
- C. Identify patient and explain procedure
- D. Wash hands
- E. Fill syringe with 50 cc of sterile solution
- F. Wipe portal of catheter with antiseptic wipe
- G. Insert needle into portal, while pinching off tubing below portal with other hand
- H. Instill the solution
- I. Remove needle and release tubing
- J. Allow solution to flow into drainage bag
- K. Subtract amount of solution used from total output at end of shift
- L. Dispose of equipment
- M. Wash hands
- N. Document procedure in nurses notes

JOB SHEET #2

III. Checklist for procedure for using the closed system to irrigate an indwelling catheter

		Performed Well	Needs Improvement
A.	Checked physician's orders	☐	☐
B.	Obtained equipment	☐	☐
C.	Identified patient and explained procedure	☐	☐
D.	Washed hands	☐	☐
E.	Filled syringe with 50 cc of sterile solution	☐	☐
F.	Wiped portal of catheter with antiseptic wipe	☐	☐
G.	Inserted needle into portal, while pinching off tubing below portal with other hand	☐	☐
H.	Instilled the solution	☐	☐
I.	Removed needle and released tubing	☐	☐
J.	Allowed solution to flow into drainage bag	☐	☐
K.	Subtracted amount of solution used from total output at end of shift	☐	☐
L.	Disposed of equipment	☐	☐
M.	Washed hands	☐	☐
N.	Documented procedure in nurses notes	☐	☐

Comments:

PN III - 991-A

ASSESSMENT AND MANAGEMENT OF DISEASES AND DISORDERS OF THE URINARY SYSTEM
UNIT XII

TEST

NAME ______________________________ SCORE ______________

1. Match to their correct definitions terms associated with the urinary system. Write the correct numbers in the blanks.

______a. Accumulation of acids in blood, or an excessive loss of bicarbonates from body through the gastrointestinal tract

______b. Adventitious vibration heard or felt when there is joining of an artery to vein, with blood moving through the vessel

______c. Inability to retain urine, semen, or feces, through loss of sphincter control or because of nerve impairment

______d. Constriction or narrowing of a passage or orifice

______e. Painful downward curvature of the penis on erection

1. Incontinence
2. Chordee
3. Acidosis
4. Bruit
5. Stenosis

2. List general types of diseases and disorders that affect the urinary system.

a. ______________________________

b. ______________________________

c. ______________________________

d. ______________________________

e. ______________________________

3. Match to their correct uses procedures used to diagnose diseases and disorders that affect the urinary system. Write the correct numbers in the blanks. Uses and procedures are continued on the next page.

Laboratory tests

______a. Used to assess pH, acetone, albumin, glucose, specific gravity, casts, crystals, pus or blood cells, and urine calcium

______b. Used to assess type of microorganism and to determine drug to use to combat organism; uses a culture medium

1. Urine culture and sensitivity
2. Blood chemistry

TEST

_____c. Used to measure volume of blood cleared of creatinine in one minute, thus providing a rough approximation of rate of glomerular filtration

_____d. Used to determine balance between renal glomerular production and filtration

_____e. Used to assess through a blood specimen how efficiently the kidney nephrons remove waste products, blood urea nitrogen, and nonprotein nitrogen; also measures fluid balance by assessing amounts of other electrolytes

_____f. Used to assess the kidneys' functioning; uses an injectable dye and a series of collected urine specimens

3. Creatinine clearance
4. Routine urinalysis
5. Phenolsulfonphthalein test (PSP)
6. Serum creatinine

Radiology tests

_____a. Used to visualize kidneys, ureters, and bladder; uses radiographs taken at intervals after radiopaque dye is administered intravenously

_____b. Used to visualize kidneys, ureters, and bladder; uses radiographs but does not use radiopaque dye

_____c. Used to visualize bladder and urethra; uses radiographs taken after radiopaque dye has been instilled directly into bladder through a catheter

_____d. Used to visualize ureters and kidneys; uses radiographs after small catheters are placed into kidney pelvis and radiopaque dye has been instilled

_____e. Used to visualize kidneys; uses scanner after administration of radioactive substances

_____f. Used to identify abnormalities in kidney structure; uses an ultrasound scanner

_____g. Used to visualize renal arterial supply; uses contrast medium injected through a catheter into femoral or axillary artery into aorta or renal artery

1. Kidney-ureter-bladder (KUB)
2. CAT scan
3. Retrograde pyelogram
4. Cystogram
5. Renal arteriogram
6. Radioactive renogram and renoscan
7. Ultrasonic scan
8. Intravenous pyelogram (IVP)

TEST

______h. Used to visualize on a display screen a cross-section of kidney and urinary tract structures; uses a scanner

Surgical procedures

______a. Used to visualize bladder; uses a scope; specimens from each kidney are obtained through small catheters passed into each ureter

______b. Used to collect a specimen of kidney tissue; uses needle inserted through outer skin and underlying tissue

1. Needle biopsy
2. Cystoscopy

4. State general nursing interventions for caring for patients undergoing diagnostic procedures of the urinary system.

Laboratory tests

a. Routine urinalysis, urine culture, and sensitivity

1) ________________________________

2) ________________________________

3) ________________________________

4) ________________________________

5) ________________________________

6) ________________________________

b. Creatinine clearance and serum creatinine

1) ________________________________

2) ________________________________

3) ________________________________

4) ________________________________

5) ________________________________

6) ________________________________

TEST

c. Phenolsulfonphthalein test (PSP)

1) ______________________________

2) ______________________________

3) ______________________________

4) ______________________________

5) ______________________________

6) ______________________________

d. Blood chemistry

1) ______________________________

2) ______________________________

3) ______________________________

4) ______________________________

5) ______________________________

Radiology tests

a. Intravenous pyelogram (IVP)

1) ______________________________

2) ______________________________

3) ______________________________

4) ______________________________

5) ______________________________

6) ______________________________

7) ______________________________

b. Kidney-ureter-bladder (KUB)

1) ______________________________

2) ______________________________

TEST

3) ______________________________

4) ______________________________

c. Renal arteriogram

1) ______________________________

2) ______________________________

3) ______________________________

4) ______________________________

5) ______________________________

6) ______________________________

7) ______________________________

8) ______________________________

d. CAT scan — ______________________________

e. Cystogram, retrograde pyelogram, radioactive renogram and renoscan

1) ______________________________

2) ______________________________

3) ______________________________

4) ______________________________

5) ______________________________

Surgical procedures

a. Cystoscopy

1) ______________________________

2) ______________________________

3) ______________________________

4) ______________________________

5) ______________________________

TEST

6) ______________________________

7) ______________________________

8) ______________________________

9) ______________________________

10) ______________________________

b. Needle biopsy

1) ______________________________

2) ______________________________

3) ______________________________

4) ______________________________

5) ______________________________

6) ______________________________

7) ______________________________

8) ______________________________

9) ______________________________

5. Match to their correct descriptions types of infectious diseases and disorders that affect the urinary system. Write the correct numbers in the blanks.

_____a. Inflammation of bladder

_____b. Inflammation of kidney tissues and pelvis

_____c. Inflammation of kidney caused by a tubercle bacillus

_____d. Inflammation of urethra

1. Urethritis
2. Tuberculosis of the kidney
3. Cystitis
4. Pyelonephritis

TEST

6. Identify according to their symptoms and interventions types of infectious diseases and disorders that affect the urinary system. Write the correct names in the blanks.

Cystitis
Tuberculosis of the kidney
Pyelonephritis
Urethritis

Disease or Disorder	Symptoms	Interventions
a. ____________ ____________	Flank pain Malaise Nausea Chills and fever Pus in urine Frequency and dysuria if bladder is affected	Maintain bed rest Encourage fluid intake Obtain specimen for culture and sensitivity test Administer prescribed antibiotics and analgesics Provide additional skin care
b. ____________ ____________	Slight afternoon fever Loss of weight Anorexia Irritability of bladder Hematuria Increased urine output with large amounts of pus Nocturnal diaphoresis	Obtain specimen for culture and sensitivity test Assist with other diagnostic tests to find other areas of infection Provide adequate nutrition and fluids Maintain bed rest in acute stage Use medical asepsis when caring for patient Administer prescribed drugs Educate patient and family in long-term care and follow-up
c. ____________ ____________	Urgency to void Frequency Dysuria Perineal and suprapubic pain Hematuria, especially at end of urine stream Chills and fever	Obtain specimen for culture and sensitivity test Administer prescribed antibiotics and antispasmodics Encourage large amounts of fluids Provide warm sitz baths Observe urine for hematuria
d. ____________ ____________	Discomfort on urination Frequency Burning sensation on urination	Administer prescribed antibiotics and analgesics Provide sitz baths Provide adequate nutrition and fluids Instruct patient to cleanse meatus and perineum gently with soap and water Provide peri care if patient has indwelling catheter

TEST

7. Match to their correct descriptions types of noninfectious diseases and disorders that affect the urinary system. Write the correct numbers in the blanks.

_____a. Inflammation of kidneys and glomeruli occurring as secondary to infection in other body systems

_____b. Injury to glomeruli due to an infectious process

_____c. Continuous inflammation of glomeruli of kidney that causes irreparable damage to nephrons

_____d. Enlargement of kidneys and progressive renal failure due to hereditary bilateral cysts throughout renal parenchyma

1. Acute glomerulonephritis
2. Chronic glomerulonephritis
3. Polycystic kidney
4. Nephritis (Bright's disease)

8. Identify types of noninfectious diseases and disorders that affect the urinary system according to their symptoms and interventions. Write the correct names in the blanks.

Polycystic kidney
Acute glomerulonephritis
Chronic glomerulonephritis

Disease or Disorder	**Symptoms**	**Interventions**
a. ____________ ____________	Generalized edema Headache from hypertension Nocturia Dyspnea Anemia Visual disturbances Albuminuria Cardiac failure	Educate patient and family in healthful regimen to prevent any infection Maintain bed rest when attacks begin Observe for hematuria Evaluate vital signs, especially blood pressure Administer prescribed analgesics, antibiotics, and antihypertensives Provide diet low in sodium Maintain reverse isolation in nephrotic stage Provide care before and following dialysis and possible transplant
b. ____________ ____________	Hematuria Hypertension Abdominal or lumbar pain Recurrent urinary tract infections Palpable renal masses Renal failure in end stage	Assist with diagnostic tests Treat symptoms Provide care before and following hemodialysis in end stage Provide genetic counseling Give supportive care

TEST

Disease or Disorder	Symptoms	Interventions
c. ______________ ______________	Edema around eyes and face Fever (possible) Vomiting Anuria Hypertension Dyspnea Irritability Visual disturbances Hematuria Anemia Convulsions and congestive heart failure in last stage if not treated	Obtain specimen for laboratory examination Maintain bed rest Assess vital signs, especially blood pressure Observe for hematuria Keep strict I & O Give fluids as prescribed by physician Provide diet low in sodium and high in carbohydrates Administer prescribed antibiotics, antihypertensives, and in some cases, cortiocosteroids

9. Match to their correct descriptions types of obstructive diseases and disorders that affect the urinary system. Write the correct numbers in the blanks.

_____a.	Formation of renal stones	1. Nephrolithiasis
_____b.	Dilation of pelvis and calyces of one or both kidneys from obstruction of urinary flow	2. Urethral strictures
		3. Hydronephrosis
_____c.	Constriction of urethra by fibrous bands	

10. Identify according to their symptoms and interventions types of obstructive diseases and disorders that affect the urinary system. Write the correct names in the blanks.

Nephrolithiasis
Hydronephrosis
Urethral strictures

Disease or Disorder	Symptoms	Interventions
a. ______________ ______________	Pain Fever (possible) Renal and abdominal tenderness	Administer prescribed drugs Assist with drainage of urine from kidney Keep strict I & O Encourage fluid intake Provide low-sodium diet Assist in dialysis therapy if indicated Provide pre- and postoperative care if surgery is indicated

TEST

Disease or Disorder	Symptoms	Interventions
b. ______________ ______________	Hematuria Pyuria Nausea and vomiting Diaphoresis Renal colic Severe pain over kidney area and down flank as stone tries to move	Administer prescribed narcotics or analgesics Save all urine and strain for calculi Apply warm packs to painful areas Force fluids Provide pre- and postoperative care if surgical removal is indicated
c. ______________ ______________	Difficulty in voiding Burning on urination	Assist in dilation process Encourage fluid intake Administer prescribed drugs Provide pre- and postoperative care if surgery is indicated

11. Select from the following list symptoms of uremia (kidney failure). Write an "X" in the blank before each correct answer.

Early symptoms

_____a. Cyanosis

_____b. Mild headaches

_____c. Occasional intestinal discomfort

_____d. Malaise

_____e. Numbness in feet

_____f. Irritability

_____g. Dizziness

_____h. Blurring of vision

_____i. Aphasia

_____j. Slowness of mental activity

Later symptoms

_____a. Pallor

_____b. Edema or dehydration

TEST

_____c. Oliguria (below 500 ml per day)

_____d. Decrease in BUN

_____e. Low specific gravity of urine

_____f. Increase in BUN

_____g. Epistaxis

_____h. Increased severity of headaches

_____i. Halitosis

_____j. Acidosis

_____k. Rash on trunk of body

_____l. Photophobia

_____m. Uremic frost

_____n. Pruritus

_____o. Malodor of body

_____p. Convulsions

12. State general nursing interventions for caring for patients with uremia (kidney failure).

a. ______________________________

b. ______________________________

c. ______________________________

d. ______________________________

e. ______________________________

f. ______________________________

g. ______________________________

h. ______________________________

i. ______________________________

TEST

13. Match to their correct descriptions types of dialysis used in the treatment of diseases and disorders of the urinary system. Write the correct numbers in the blanks.

_____a. Removal of body wastes using a semipermeable membrane in a machine; blood is supplied through an arterial-venous shunt, usually in arm or groin

_____b. Removal of body wastes via a catheter inserted into peritoneal cavity; uses patient's peritoneal membrane as semipermeable membrane

_____c. Method of dialysis that allows patient to perform treatment at home without being confined to a bed or hooked to a machine

1. Peritoneal dialysis
2. Continuous ambulatory peritoneal dialysis (CAPD)
3. Hemodialysis

14. State general nursing interventions for caring for patients receiving dialysis.

a. Hemodialysis

1) ____

____

2) ____

____

3) ____

____

4) ____

____

5) ____

____

6) ____

____

7) ____

____

TEST

8) ____________________

____

9) ____________________

____

10) ____________________

____

11) ____________________

____

12) ____________________

____

13) ____________________

____

b. Peritoneal dialysis

1) ____________________

____

2) ____________________

____

3) ____________________

____

4) ____________________

____

5) ____________________

____

6) ____________________

____

TEST

7) ______________________________

____

c. Continuous ambulatory peritoneal dialysis

1) ______________________________

____

2) ______________________________

____

3) ______________________________

____

4) ______________________________

____

5) ______________________________

____

6) ______________________________

____

15. List symptoms of cancer of the kidney and bladder.

a. Kidney

1) ______________________________

2) ______________________________

3) ______________________________

4) ______________________________

5) ______________________________

b. Bladder

1) ______________________________

2) ______________________________

TEST

16. State general nursing interventions for caring for patients with cancer of the kidney and bladder.

    a. Kidney

        1) ____________________

        2) ____________________

        3) ____________________

        4) ____________________

        5) ____________________

    b. Bladder

        1) ____________________

        2) ____________________

        3) ____________________

17. State general nursing interventions for caring for patients with trauma to the bladder or kidneys.

    a. ____________________

    b. ____________________

    c. ____________________

    d. ____________________

    e. ____________________

18. Match to their correct descriptions common surgical procedures used in treating diseases and disorders of the urinary system. Write the correct numbers in the blanks. Descriptions and procedures are continued on the next page.

_____a. Surgical incision of bladder to establish a temporary opening

_____b. Surgical incision of kidney to establish a temporary opening

_____c. Surgical incision of ureter to establish a temporary opening

1. Nephrostomy
2. Ureterostomy
3. Cystostomy

TEST

______d. Surgical incision into renal pelvis to remove a stone

______e. Surgical incision into parenchyma of kidney from the outside to remove a stone in calyx

______f. Surgical removal of kidney

______g. Surgical removal of bladder

______h. Surgical transplant of ureters to sigmoid colon

______i. Surgical transplant of ureter to skin surface

______j. Surgical transplant of ureters to a section of terminal loop or to a loop of colon that is brought out through abdominal wall

4. Ureterosigmoidostomy
5. Cystectomy
6. Cutaneous ureterostomy
7. Ileal conduit
8. Nephrolithotomy
9. Nephrectomy
10. Pyelolithotomy

19. State general nursing interventions for caring for patients undergoing surgery of the urinary system.

a. ______________________________

b. ______________________________

c. ______________________________

d. ______________________________

e. ______________________________

f. ______________________________

g. ______________________________

h. ______________________________

i. ______________________________

j. ______________________________

k. ______________________________

l. ______________________________

20. Select from the following list nursing interventions for caring for patients with indwelling catheters. Write an "X" in the blank before each correct answer.

______a. Check all catheters for patency

______b. Check tubing for any kink or compression that obstructs flow of drainage

TEST

______c. Irrigate catheter at least b.i.d.

______d. Check for leakage of urine around catheter

______e. Keep urine collection container at patient's level

______f. Observe urine for color, consistency, and odor

______g. Secure catheter and check security if patient is ambulatory or active in bed

______h. Irrigate catheter only when prescribed by physician

______i. Change catheter tubing at least q.i.d.

______j. Remove or assist with removal of catheter as indicated

______k. Keep a strict I & O before and after catheterization

21. State general nursing interventions for caring for patients who have urinary incontinence.

a. ______________________________

____

b. ______________________________

____

c. ______________________________

____

d. ______________________________

____

22. Match to their correct descriptions diseases and disorders of the urinary system that specifically affect pediatric patients. Write the correct numbers in the blanks.

______a. Congenital abnormal opening of male urethra on underside of penis and of female urethra into vagina

______b. Congenital abnormal opening of male urethra on dorsal surface of penis

______c. Congenital defect in which the bladder develops on outside of body

1. Hypospadias
2. Exstrophy of bladder
3. Epispadias

TEST

_____d. Increased permeability of glomeruli to proteins, especially albumin, that leak through membrane and are lost in urine

_____e. Noninfectious disease following an infection in the body that results in an inflammatory process in glomeruli of kidney

_____f. Inflammatory condition of glomeruli that follows viral infections

_____g. Chronic hereditary nephritis

_____h. Congenital malignant tumor of the kidney; usually the left kidney

4. Alport's syndrome (familial glomerulopathy)
5. Hemolytic-uremic syndrome
6. Nephrotic syndrome (childhood nephrosis)
7. Acute glomerulonephritis
8. Wilms' tumor

23. Identify according to their symptoms and interventions diseases and disorders of the urinary system that specifically affect pediatric patients. Write the correct disease or disorder in the blanks.

Hypospadias
Wilms' tumor
Acute glomerulonephritis
Alport's syndrome (familial glomerulopathy)
Epispadias
Exstrophy of bladder
Nephrotic syndrome (nephrosis)
Hemolytic-uremic syndrome

Disease or Disorder	Symptoms	Interventions
a. ______________ ______________	Swelling or mass within the abdomen Pallor, anemia, anorexia, and lethargy if hemorrhage occurs in tumor Weight loss Fever	Assist with diagnostic tests Provide emotional support for parents Provide pre- and postoperative care for removal of kidney tumor and adjacent adrenal gland Assist in care after radiotherapy given to children above eighteen months old Assist with administration of chemotherapy and postcare following chemotherapy Instruct parents in home care and follow-up
b. ______________ ______________	Anorexia Irritability Lethargy Pallor Bruising, purpura, or rectal bleeding Elevated BUN and serum creatinine Oliguria or anuria	Assist with diagnostic tests Assist with peritoneal dialysis Assist with and monitor transfusions of fresh, washed, packed cells Maintain bed rest in acute phase Assess vital signs Observe for symptoms of shock Give emotional support to parents
c. ______________ ______________	Obvious opening on underside of penis Chordee of penis	Instruct parents in care of infant Provide pre- and postoperative care during phases of reconstructive surgery

TEST

Disease or Disorder	Symptoms	Interventions
d. ______________ ______________	Obvious appearance of bladder on outside at birth	Reassure parents Keep infant dry Teach parents care of child Provide pre- and postoperative care during phases of reconstructive surgery
e. ______________ ______________	Weight gain Puffiness of face, especially around eyes Swelling of abdomen and lower extremities Respiratory distress Labial or scrotal swelling Diarrhea Anorexia Increased output of dark, frothy urine Extreme skin pallor Fatigue Irritability Susceptibility to infections	Assist with diagnostic tests Maintain bed rest in acute phase Provide diet low in sodium Administer prescribed corticosteroids Give extra skin care to prevent breakdown Protect from infections Observe for early symptoms of any infection Maintain strict I & O Give emotional support to parents as there is a lengthy recovery period
f. ______________ ______________	Hematuria Proteinuria Malaise Mild edema	Treat symptoms as indicated by physician Assist parents or patient in adapting a restricted life-style Assist in dialysis therapy Encourage genetic counseling if disease is present in family history
g. ______________ ______________	Obvious opening on dorsal side of penis	Instruct parents in care of infant Provide pre- and postoperative care during phases of reconstructive surgery
h. ______________ ______________	Puffiness of face, especially around eyes Anorexia Dark-colored urine Pallor Irritability Headaches Dysuria Vomiting Mild elevation of blood pressure	Assist with diagnostic tests Observe urine for hematuria Maintain bed rest in acute phase Assess vital signs, especially blood pressure Provide a diet low in sodium Administer prescribed antibiotics if indicated for presence of strep infection Maintain strict I & O Instruct parents and older child in home care and follow-up

TEST

(NOTE: Test questions 24 and 25 list the assignment and job sheets. They are an important part of this test. If they have not been completed, check with your instructor.)

24. Plan care for patients with diseases and disorders of the urinary system.

25. Demonstrate the ability to

    a. Obtain a urine specimen from an indwelling catheter.

    b. Use the closed system to irrigate an indwelling catheter.

ASSESSMENT AND MANAGEMENT OF DISEASES AND DISORDERS OF THE URINARY SYSTEM
UNIT XII

ANSWERS TO TEST

1. a. 3
   b. 4
   c. 1
   d. 5
   e. 2

2. a. Infections
   b. Obstructions
   c. Trauma
   d. Toxic conditions
   e. Cancer

3. **Laboratory tests**

   a. 4
   b. 1
   c. 3
   d. 6
   e. 2
   f. 5

   Radiology tests

   a. 8
   b. 1
   c. 4
   d. 3
   e. 6
   f. 7
   g. 5
   h. 2

   Surgical procedures

   a. 2
   b. 1

ANSWERS TO TEST

4. **Laboratory tests**
    a. Routine urinalysis, urine culture, and sensitivity
        1) Check physician's order and requisition
        2) Identify patient and explain procedure
        3) Obtain urine specimen as indicated
        4) Send labeled specimen to laboratory
        5) Document procedure
        6) Note results and report abnormalities or findings
    b. Creatinine clearance and serum creatinine
        1) Check physician's order and requisition
        2) Identify patient and explain procedure to gain cooperation
        3) Obtain specimen container for creatinine clearance twenty-four-hour urine collection; post signs to indicate that this test is being done
        4) Obtain specimens indicated by laboratory procedure
        5) Document procedure and send urine collection to laboratory
        6) Note results and report abnormal values
    c. Phenolsulfonphthalein test (PSP)
        1) Check physician's order and requisition
        2) Identify patient and explain procedure
        3) Follow laboratory policy as to fluids given to patient, time for administration of dye, and times for urine collection
        4) Send labeled specimens to the laboratory
        5) Document procedure
        6) Note results and report findings
    d. Blood chemistry
        1) Check physician's orders and requisition

ANSWERS TO TEST

2) Identify patient and explain procedure

3) Notify laboratory of test to be done

4) Document procedure

5) Note results and report findings

Radiology tests

a. Intravenous pyelogram (IVP)

1) Check physician's order and requisition

2) Identify patient and explain procedure; check for allergies

3) Prepare patient as indicated by radiology policy

4) When patient returns from radiology, observe for numbness, tingling, palpitations, rash, and other symptoms of an allergic reaction

5) If not contraindicated, force fluids for twenty-four hours to help flush dye from system and to relieve dehydration

6) Document procedure

7) Note results and report findings

b. Kidney-ureter-bladder (KUB)

1) Check physician's order and requisition

2) Identify patient and explain procedure

3) Document procedure

4) Note results and report findings

c. Renal arteriogram

1) Obtain completed informed consent prior to procedure

2) Prepare patient as indicated by physician or radiology department

3) Following the procedure, assess vital signs until patient is stabilized

4) Assess injection sight for swelling and hematoma

5) Check peripheral pulses

ANSWERS TO TEST

6) Assess color and temperature of extremity used for injection site

7) Reassure patient

8) Document patient care

d. CAT scan — No preparation needed

e. Cystogram, retrograde pyelogram, radioactive renogram and renoscan

1) Check physician's order and requisition

2) Identify patient and explain procedure

3) Prepare patient according to radiology policy

4) Document procedure

5) Note results and report findings

Surgical procedures

a. Cystoscopy

1) Check physician's orders and requisition

2) Obtain completed informed consent prior to procedure

3) Follow routine preoperative procedures for patient preparation

4) Provide postoperative care as indicated by physician

5) Observe and report color and consistency of urine

6) Observe for chills, fever, and other signs of infection

7) Observe for symptoms of complications, including sharp abdominal pain, hematuria, anuria, or urine retention

8) Encourage patient to drink fluids

9) Check voiding after catheter is discontinued

10) Document patient care

b. Needle biopsy

1) Check physician's orders and requisition

ANSWERS TO TEST

2) Obtain completed informed consent prior to procedure
3) Prepare patient as indicated by physician
4) Reassure patient throughout procedure
5) Document procedure
6) Send labeled specimen to laboratory
7) Keep patient flat for twenty-four hours
8) Observe for any symptoms of hemorrhage
9) Note results and report findings

5. a. 3 c. 2
   b. 4 d. 1

6. a. Pyelonephritis
   b. Tuberculosis of kidney
   c. Cystitis
   d. Urethritis

7. a. 4 c. 2
   b. 1 d. 3

8. a. Chronic glomerulonephritis
   b. Polycystic kidney
   c. Acute glomerulonephritis

9. a. 1
   b. 3
   c. 2

ANSWERS TO TEST

10. a. Hydronephrosis
    b. Nephrolithiasis
    c. Urethral strictures

11. **Early symptoms**

    b, c, d, f, g, h, j

    Later symptoms

    a, b, c, e, f, h, i, j, m, n, o, p

12. a. Assist in diagnostic procedures
    b. Assess renal status frequently
    c. Restrict fluids as prescribed and keep strict I & O
    d. Provide a diet high in fats and carbohydrates but low in protein, sodium, and potassium
    e. Provide good skin care and special mouth care
    f. Observe for signs of secondary infections
    g. Administer prescribed alkaline solution or medication to combat acidosis
    h. Observe for complications of cardiac overload and respiratory distress
    i. Give supportive care

13. a. 3
    b. 1
    c. 2

14. a. Hemodialysis
    1) Prepare patient as prescribed by physician for surgical procedure to create the vascular shunt
    2) Record patient's weight before and after dialysis

ANSWERS TO TEST

3) Take vital signs before and after dialysis

4) Observe for symptoms of edema in hands, feet, and face

5) Arrange to give patient care early in morning or late in afternoon after treatment

6) Check for *any* bleeding that may occur after dialysis, especially at needle site of vascular access

7) Listen for a bruit at graft site

8) Check for air spaces and darkened areas in tubing that may result from separation of plasma and red blood cells

9) Keep a strict I & O, and assist patient in taking the prescribed amount of fluids over a scheduled period during the day

10) Assist patient in selecting a high caloric diet low in protein, sodium, and potassium

11) Assess laboratory values and report any abnormalities

12) Administer prescribed drugs after checking modified dosages and types of drugs that can be safely given to dialysis patients

13) Provide emotional support to patient and family; assist them in adapting to the realities of dialysis

b. Peritoneal dialysis

1) Use strict aseptic technique when performing the dialysis procedure

2) Weigh patient before and after procedure

3) Assess vital signs before and after procedure

4) Keep accurate records of the procedure, including appearance of catheter insertion site, type of dialysis solution, and amount of normal body output plus the dialysis

5) Observe for signs of drug reactions, abdominal distention, bleeding around catheter site, infection, respiratory or cardiac distress, and leakage of urine around catheter

6) Give good skin care and oral hygiene

7) After dialysis, encourage patient to breathe deeply and to turn frequently

ANSWERS TO TEST

c. Continuous ambulatory peritoneal dialysis

    1) Assist physician in placement of permanent catheter implanted in peritoneal cavity and exiting from abdomen

    2) Instruct patient and family in procedures used to set up, administer, monitor, and maintain dialysis system

    3) Stress to patient and family the need for meticulous care of equipment and catheter

    4) Explain to patient the need for observation and early treatment of symptoms of complications such as peritonitis

    5) Recommend any home care agencies in the community that may be helpful to patient and family

    6) Encourage patient and family to verbalize their feelings and to adapt a new life-style

15. a. Kidney

    1) Weight loss

    2) Malaise

    3) Unexplained fever

    4) Hematuria

    5) Pain

    b. Bladder

    1) Painless hematuria

    2) Pressure in bladder area as growth occurs

16. a. Kidney

    1) Assist with diagnostic procedures

    2) Provide pre- and postoperative care for removal of tumor and involved organs

    3) Monitor patient carefully for uremia

ANSWERS TO TEST

4) Provide care for patient if radiotherapy is indicated

5) Give emotional support to patient and family

b. Bladder

1) Assist with diagnostic tests

2) Provide pre- and postoperative care for patients undergoing surgery to remove tumor masses

3) Give emotional support to patient and family

17. a. Observe for anuria in patients suspected of traumatic injury to bladder or kidneys

b. Keep strict I & O

c. Observe urine for hematuria

d. Observe patient for symptoms of peritonitis

e. Prepare patient for surgical intervention if injuries are known to have damaged bladder or kidneys

18. a. 3

b. 1

c. 2

d. 10

e. 8

f. 9

g. 5

h. 4

i. 6

j. 7

19. a. Reinforce physician's explanation of procedure with explanations or drawings

b. Obtain a completed informed consent prior to procedure

c. Prepare patient as indicated by physician

d. Observe vital signs following surgical procedure

e. Observe urinary output and keep strict I & O

f. Splint incisional area when patient turns, coughs, and breathes deeply

ANSWERS TO TEST

g. Observe for symptoms of hemorrhage

h. Provide additional skin care if drainage of urine occurs around catheter or through the dressings

i. Change dressings as ordered, expect large amounts of serosanguineous drainage

j. Use sterile technique when handling catheters inserted directly into organs

k. Administer prescribed medications

l. Assess all laboratory values and report abnormalities

20. a, b, d, f, g, h, j, k

21. a. Assess cause of incontinence

b. Provide extra skin care to prevent breakdown

c. Assist patient to establish a voiding routine

d. Instruct patient or family in process of irrigating, removing, or reinserting catheter; and explain daily care if urinary catheterization is to be a lifelong process

22.

a.	1	e.	7
b.	3	f.	5
c.	2	g.	4
d.	6	i.	8

23. a. Wilms tumor

b. Hemolytic-uremic syndrome

c. Hypospadias

d. Exstrophy of bladder

e. Nephrotic syndrome (nephrosis)

f. Alport's syndrome (familial glomerulopathy)

g. Epdispadias

h. Acute glomerulonephritis

ANSWERS TO TEST

24. Evaluated to the satisfaction of the instructor

25. Performance skills evaluated to the satisfaction of the instructor

ASSESSMENT AND MANAGEMENT OF DISEASES AND DISORDERS OF THE REPRODUCTIVE SYSTEM

UNIT XIII

UNIT OBJECTIVE

After completing this unit, the student should be able to plan and give care to a patient with a disease or disorder of the reproductive system. The student will show this knowledge by completing the assignment sheet, job sheet, and unit test with a minimum score of 85 percent.

SPECIFIC OBJECTIVES

After completing this unit, the student should be able to

1. Match to their correct definitions terms associated with diseases and disorders of the reproductive system.
2. List conditions that affect the reproductive system.
3. Match to their correct descriptions diagnostic tests for the female reproductive system.
4. State nursing interventions for caring for patients undergoing diagnostic tests for diseases or disorders of the reproductive system.
5. Match menstrual disturbances to their correct descriptions.
6. Match to their correct descriptions infectious diseases and disorders of the female reproductive tract.
7. Identify according to their symptoms and interventions infectious diseases and disorders of the female reproductive tract.
8. Select from a list symptoms of endometriosis.
9. State nursing interventions for caring for patients with endometriosis.
10. Match to their correct descriptions common types of benign growths in the female reproductive organs.
11. Identify according to their symptoms and interventions common types of benign growths in the female reproductive organs.
12. List symptoms of cancer in the female reproductive tract.
13. State nursing interventions for the treatment of cancer of the female reproductive tract.

OBJECTIVE SHEET

14. Match to their correct descriptions structural disorders of the female reproductive tract.

15. Identify according to their symptoms and interventions structural disorders of the female reproductive tract.

16. Match to their correct descriptions surgical procedures used to treat diseases and disorders of the female reproductive tract.

17. State nursing interventions for giving care to a patient undergoing a surgical procedure to treat a disease or disorder of the female reproductive tract.

18. Match diseases and disorders of the breast to their correct descriptions.

19. Identify diseases and disorders of the breast according to their symptoms and interventions.

20. State nursing interventions for caring for the patient undergoing a mastectomy.

21. Select from a list symptoms of benign prostatic hypertrophy.

22. Match to their correct descriptions common surgical procedures used to treat benign prostatic hypertrophy.

23. State nursing interventions for caring for the patient undergoing a transurethral resection.

24. State nursing interventions for caring for patients with cancer of the prostate.

25. Match to their correct descriptions infectious diseases and disorders of the male reproductive tract.

26. Identify according to their symptoms and interventions infectious diseases and disorders of the male reproductive tract.

27. Match to their correct descriptions other diseases and disorders that affect the penis and testes.

28. State nursing interventions for caring for vasectomy patients.

29. Match sexually transmitted diseases (STD) to their correct descriptions.

30. Identify sexually transmitted diseases (STD) according to their symptoms and interventions.

31. Match to their correct descriptions diseases and disorders of the reproductive system that specifically affect the pediatric patient.

OBJECTIVE SHEET

32. Identify according to their symptoms and interventions diseases and disorders of the reproductive system that specifically affect the pediatric patient.

33. Plan care for patients with diseases and disorders of the reproductive system.

34. Demonstrate the ability to teach postmastectomy exercises.

ASSESSMENT AND MANAGEMENT OF DISEASES AND DISORDERS OF THE REPRODUCTIVE SYSTEM
UNIT XIII

SUGGESTED ACTIVITIES

I. Unit contents

  A. Objective sheet

  B. Suggested activities

  C. Information sheet

  D. Transparency masters

    1. TM #1 — Suprapubic Prostatectomy

    2. TM #2 — Perineal Prostatectomy

    3. TM #3 — Retropubic Prostatectomy

    4. TM #4 — Transurethral Resection

    5. TM #5 — Closed Irrigating System

  E. Assignment Sheet #1 — Plan Care for Patients with Diseases and Disorders of the Reproductive System

  F. Answers to assignment sheet

  G. Job Sheet #1 — Teach Postmastectomy Exercises

  H. Test

  I. Answers to test

II. Instructor's guide

  A. Order materials to supplement unit.

    1. Films

      a. *V.D. and Women*. Color, 27 minutes, Perennial Education, Incorporated, 1980. Available from Perennial Education, Incorporated, 930 Pitner Avenue, Evanston, Illinois 60202.

      b. *V.D., Prevent It*. Color, 10 minutes, Alfred Higgins Productions, 1978. Available from Alfred Higgins Productions, 9100 Sunset Boulevard, Los Angeles, California 90069.

SUGGESTED ACTIVITIES

(NOTE: Films a and b are available to Oklahoma teachers on a free-loan basis. Oklahoma teachers may order from the Oklahoma State Department of Vocational and Technical Education, Curriculum and Instructional Materials Center, 1500 West Seventh Avenue, Stillwater, Oklahoma 74074. Out-of-state teachers must order from the addresses listed with the films.)

d. *Herpie the New V.D. Around Town.* Available from The Sunburst Communications Company, 39 Washington Avenue, Pleasantville, New York 10570, 800/431-1934.

2. Filmstrips

(NOTE: The following filmstrips are available from the Trainex Corporation, P. O. Box 116, Garden Grove, California 92642.)

a. *Breast Cancer and Mastectomy*

b. *Breast Diseases*

c. *Cancer Detection: Self Examination of the Breast, and Pap Smear*

d. *Cancer of the Prostate*

e. *Cancer of the Uterus*

f. *Decisions—The Patient with Gynecologic Disease*

g. *Decisions—The Patient After Gynecologic Surgery*

h. *Disorders of the Female Reproductive System—Tumors of the Uterus and Cervix: Diagnostic Testing/Staging: An Aspect of Diagnosis*

i. *Disorders of the Female Reproductive System—Tumors of the Uterus and Cervix: Radiation: Another Therapy*

j. *Disorders of the Female Reproductive System—Tumors of the Uterus and Cervix: Surgical Management/After the Hysterectomy*

k. *Disorders of the Male Reproductive System—Diseases of the Prostate Gland: Cancer of the Prostate: An Overview of Therapies*

l. *Disorders of the Male Reproductive System—Diseases of the Prostate Gland: Prostatectomy: Surgical Treatment of Prostate Disease*

SUGGESTED ACTIVITIES

m. *Disorders of the Male Reproductive System—Diseases of the Prostate Gland: The Urogenital Tract/Prostatic Enlargement*

n. *Nursing Care of the Patient with a Mastectomy—The Postoperative Period*

o. *Vasectomy*

p. *Tubal Ligation*

B. Introduce unit by reviewing the normal female and male reproductive systems.

SUGGESTIONS:

- Give unit test from *Practical Nursing: Volume I*, "The Reproductive System," to evaluate the students' knowledge of this system.
- Ask students to identify female and male reproductive organs on anatomical models.

C. Stress the importance of relating diseases and disorders of the reproductive system to the healthy concept of human sexuality.

SUGGESTION:

- Relate unit to knowledge learned in "Human Sexuality in Illness" in *Practical Nursing: Volume II* concerning the psychological impact upon patients with diseases and disorders of the reproductive system.

D. Provide students with objective sheet.

E. Discuss unit and specific objectives.

F. Provide students with information, assignment, and job sheets.

G. Discuss information, assignment, and job sheets.

1. Discuss Information Sheet, Sections I through IV. Emphasize the importance of periodical check-ups to promote a healthy reproductive system and to identify any early symptoms of disease.

SUGGESTIONS:

- Obtain permission for students to observe diagnostic tests used to identify diseases and disorders of the reproductive system.
- Show filmstrips *Cancer Detection: Self-Examination of the Breast, and Pap Smear*, and *Nursing Care of the Patient with a Mastectomy—The Postoperative Period.*

SUGGESTED ACTIVITIES

2. Review the normal menstrual cycle and discuss the various disturbances outlined in Information Sheet, Section V.

   SUGGESTION:

   - Use the chart in *Practical Nursing: Volume I* showing the normal menstrual cycle. Discuss disturbances and their causes

3. Update Information Sheet, Sections VI through IX with present trends in treatment of infectious diseases and disorders of the female reproductive system.

   SUGGESTION:

   - Ask students to find articles about present-day treatments for common infectious diseases of the female reproductive system. Have students discuss their findings in class.

4. Discuss Information Sheet, Sections X through XIII. Stress the importance of early diagnosis of growths in the female reproductive tract to prevent more serious conditions.

   SUGGESTIONS:

   - Ask a gynecologist to speak to the class about current treatments for growths in the female reproductive tract.
   - Show filmstrip *Cancer of the Uterus* and the series *Disorders of the Female Reproductive System*.

5. Discuss Information Sheet, Sections XIV and XV. Help students distinguish among the different structural disorders of the female reproductive system.

   SUGGESTION:

   - Use anatomical models to show formation and location of disorders. Explain how such disorders are treated.

6. Stress the supportive care given to patients following surgical procedures used to treat diseases and disorders of the reproductive system. Use Information Sheet, Sections XVI and XVII.

7. Stress the nursing care involved in caring for the patient with diseases or disorders of the breast. Emphasize emotional as well as the physical effects of such diseases and disorders. Discuss Information Sheet, Sections XVIII through XX.

   SUGGESTIONS:

   - Ask a Reach to Recovery volunteer to speak to the class about their assistance program for mastectomy patients. Emphasize the support that the nurse can provide to encourage the patient to become involved.

SUGGESTED ACTIVITIES

- Have students complete Patient #1 case study in Assignment Sheet #1 so that they may practice planning care for patients following a mastectomy.

- Demonstrate Job Sheet #1 and provide opportunities for students to practice exercises.

8. Discuss Information Sheet, Sections XXI through XXIV. Stress the importance of males having periodical check-ups to assess the condition of the prostate and to check for enlargement or disease.

   SUGGESTIONS:

   - Show filmstrip *Disorders of the Male Reproductive System—Diseases of the Prostate Gland: Prostatectomy: Surgical Treatment of Prostate Disease.*

   - Show Transparencies #1 through #5, and discuss implications and nursing interventions in caring for patients who have had prostatectomies.

   - Have students complete Patient #2 case study in Assignment Sheet #1 so that they may plan care for a patient undergoing a prostatectomy.

9. Discuss Information Sheet, Sections XXV through XXVII. Provide supplemental information in the treatment of other diseases and disorders of the male reproductive tract.

   SUGGESTIONS:

   - Show filmstrip *Disorders of the Male Reproductive System—Diseases of the Prostate Gland: The Urogenital Tract/Prostatic Enlargement*.

   - Ask a urologist to speak to the class about diseases and disorders of the male reproductive tract and present-day treatments.

   - Stress the importance of males performing a testicular examination to check for testicular cancer.

10. Discuss Information Sheet, Section XXVIII, concerning the care of a patient with a vasectomy.

    SUGGESTION:

    - Show filmstrip *Vasectomy*, and discuss nursing care.

SUGGESTED ACTIVITIES

11. Discuss Information Sheet, Sections XXIX and XXX. Stress the importance of early treatment of patients with venereal disease.

    SUGGESTIONS:

    - Show films *V.D. and Women* and *V.D.: Prevent It*.
    - Ask a representative from the health department to speak to the class about the diagnosis and treatment of venereal diseases.
    - Make a bulletin board with articles from newspapers, journals, and magazines that cover new types of venereal diseases and treatment therapies.

12. Discuss Information Sheet, Sections XXXI and XXXII. Stress the importance of the nurse giving supportive care to parents of children born with congenital diseases and disorders of the reproductive system.

    SUGGESTION:

    - Have students complete Patient #3 case study in Assignment Sheet #1 to assist them in planning care for the pediatric patient with a disorder of the reproductive system.

H. Give test.

I. Reteach and retest if necessary.

III. Unit references

A. Brunner, Lillian Sholtis, and Doris Smith Suddarth. *The Lippincott Manual of Nursing Practice*, 3rd ed. Philadelphia: J. B. Lippincott Company, 1982.

B. Brunner, Lillian Sholtis, and Doris Smith Suddarth. *Textbook of Medical-Surgical Nursing*, 4th ed. Philadelphia: J. B. Lippincott Company, 1980.

C. Rogers, Helen V. *Nursing III: A Course of Study*. Stillwater, Oklahoma: State Department of Vocational and Technical Education/Curriculum and Instructional Materials Center, 1976.

D. Rosdahl, Caroline Bunker. *Textbook of Basic Nursing*, 3rd ed. Philadelphia: J. B. Lippincott Company, 1981.

E. Scherer, Jeanne C. *Introductory Medical-Surgical Nursing*, 3rd ed. Philadelphia: J. B. Lippincott Company, 1982.

F. Whaley, Lucille F., and Donna L. Wong. *Essentials of Pediatric Nursing*. St. Louis: C. V. Mosby Company, 1982.

ASSESSMENT AND MANAGEMENT OF DISEASES AND DISORDERS OF THE REPRODUCTIVE SYSTEM
UNIT XIII

INFORMATION SHEET

I. Terms and definitions

   A. Dyspareunia — Pain during sexual intercourse

   B. Follicular cyst — Cyst found in a follicle

   C. Chocolate cyst — Cyst with darkly pigmented gelatinous content found in the ovary

   D. Dermoid cyst — Cyst found in the ovary or testes; may contain elements of hair, teeth, or skin

   E. Condyloma — Wartlike growth of skin, usually seen on external genitalia or near anus

   F. Gumma — Soft tumor of tissues characteristic of the tertiary stage of syphilis

   G. Chordee — Painful downward curvature of the penis on erection

II. Conditions that affect the reproductive system

   A. Menstrual disturbances

      EXAMPLES: Menorrhagia, amenorrhea

   B. Infectious and venereal diseases

      EXAMPLES: Cervicitis, orchitis, syphilis, gonorrhea, herpesvirus genitalia

   C. Benign and malignant growths

      EXAMPLES: Myomas, cysts, cervical carcinoma, fibrocystic breast disease, prostatic carcinoma

   D. Structural disorders

      EXAMPLES: Vaginal fistulas, cystocele, cryptorchidism, hypospadias

III. Descriptions of diagnostic tests for the female reproductive system

   A. Pelvic examination — Visualization and manipulation of pelvic reproductive organs

INFORMATION SHEET

B. Papanicolaou test (Pap test)—Visualization through a microscope of smears of uterine and vaginal secretions; used to detect abnormal cell formations

(NOTE: The Pap test is usually performed in conjunction with a pelvic examination. Each physician has a set procedure used in preparing slides for study.)

C. Laparoscopy — Direct visualization of uterus and adnexa by inserting a scope through a small incision in abdomen

D. Colposcopy — Visualization of vaginal and cervical tissues with a scope containing magnifying lenses

(NOTE: This examination provides a closer look at suspected tissues and aids in selecting tissues for biopsy.)

E. Conization — Excision of a cone of tissue for examination

(NOTE: A conization may be done as a part of a colposcopy.)

F. Dilation and curettage (D & C) — Stretching of cervical opening, and scraping of uterus to obtain tissue for laboratory study

(NOTE: A D & C may also be performed as a therapeutic treatment.)

G. Hysterosalpingography — Radiographic visualization of uterus and fallopian tubes, following injection of contrast dye to determine patency of tubes

H. Rubin's test (tubal insufflation test) — Radiographic visualization of fallopian tubes, following injection of carbon dioxide gas under pressure into uterine cavity to determine patency of tubes

(NOTE: When the examination is completed and the patient sits up, a positive sign that the tubes are patent is demonstrated when the patient feels discomfort in the right shoulder and neck. The pain is caused by the irritation of the diaphragmatic nerves when the gas collects below the diaphragm.)

I. Mammography — Radiographic visualization of breast tissue, without the use of radiopaque dye

J. Thermography — Visualization of breast tissue through infrared photography

(NOTE: The temperature over the breast is shown photographically when an infrared scanner is passed over the skin. In the presence of a tumor, a minute amount of heat is generated by the increased blood supply. The warmer site shows up on the thermogram.)

IV. Nursing interventions for caring for patients undergoing diagnostic tests for diseases or disorders of the reproductive system

A. Check physician's orders

INFORMATION SHEET

B. Prepare patient as indicated by physician or according to hospital policies

(NOTE: Examinations or tests using surgical procedures may require the nurse to perform special types of preps.)

C. Make sure that consent forms are completed following hospital policies

D. Explain or reinforce physician's explanation of procedure to patient

E. Prepare and send specimens according to hospital policy

F. Document procedures and patient's response

G. Give postoperative care as ordered

H. Check for bleeding after procedure if indicated

V. Descriptions of menstrual disturbances

(NOTE: The treatment of menstrual disturbances depends on the cause of the problem. The nurse may be responsible for taking a full history of the patient's menstrual cycle.)

A. Menorrhagia — Excessive bleeding, in amount and duration, during menstruation

(NOTE: Hormone therapy may be helpful, or a dilation and curettage may be performed as a therapeutic treatment.)

B. Dysmenorrhea — Painful menstruation

C. Metrorrhagia — Bleeding between menstrual periods

(NOTE: Patients who complain of metrorrhagia should see the physician as soon as possible to determine the cause.)

D. Amenorrhea — Absence of or abnormal stoppage of menses

VI. Descriptions of infectious diseases and disorders of the female reproductive tract

A. Vaginitis — Inflammation of vagina

(NOTE: The most common causes of vaginitis are the protozoan, Trichomonas vaginalis; the fungus, Candida [Monilia]; and nonspecific Hemophilus vaginalis.)

B. Cervicitis — Inflammation of cervix

(NOTE: Cervicitis may be caused by a variety of organisms. Streptococcal and staphylococcal infections commonly cause cervicitis.)

C. Endometritis — Inflammation of endometrium

D. Pelvic inflammatory disease (PID) — Inflammation of pelvic organs

(NOTE: Pelvic inflammatory disease may be acute salpingitis or oophoritis with spread into the uterus. The infection may be caused from streptococci, staphylococci, Chlamydia trachomatis, E. coli, and anaerobic bacteria. Gonococci may also cause PID.)

E. Toxic shock syndrome — Severe reaction of system to a toxin produced by staphylococci organisms

(NOTE: Toxic shock syndrome is seen in women primarily, but has been diagnosed in men and children.)

VII. Symptoms and interventions for infectious diseases and disorders of the female reproductive tract (Table 1)

TABLE 1

Disease or Disorder	Symptoms	Interventions
Vaginitis	Abnormal vaginal discharge, the character of which depends on the causative organism (NOTE: Trichomonas vaginitis produces a greenish-white, frothy, highly irritating leukorrhea. Candida causes an intense itching leukorrhea that is white and the consistency of cottage cheese. Nonspecific Hemophilus influenza produces a nonitching, thick, yellowish discharge.)	Assist with diagnostic tests to determine type of organism Administer prescribed medications Instruct patient in home care
Cervicitis	Spotting or bleeding after intercourse Leukorrhea	Assist with diagnostic tests to determine type of organism Administer systemic prescribed antibiotics in acute stage Assist with conization or electrocautery if condition is chronic Instruct patient in home care and follow-up

INFORMATION SHEET

Disease or Disorder	Symptoms	Interventions
Endometritis	Low back and abdominal pain Dysmenorrhea Menorrhagia Sterility Constipation	Administer prescribed antibiotics and analgesics
Pelvic inflammatory disease (PID)	Malodorus, purulent discharge Backache Pain in abdomen and back Bearing down feeling Fever Nausea and vomiting Menorrhagia or dysmenorrhea Dyspareunia Diarrhea	Assist with diagnostic tests to determine type of organism Administer prescribed antibiotics, analgesics, and antiinflammatory drugs Apply warm compresses or give warm sitz bath as ordered Instruct patient in care of perineal pads and personal hygiene
Toxic shock syndrome	High fever Skin rash with peeling, especially of palms and soles Malaise Tenderness or pain in muscles Edema of face and hands Hypotension Nausea Acute respiratory collapse Cardiac arrest	Administer prescribed antibiotics Monitor IV fluids Prepare for CPR if acute condition

VIII. Symptoms of endometriosis

A. Pelvic pain

B. Backache

C. Menorrhagia

D. Metrorrhagia

E. Dyspareunia

F. Pain on defecation

G. Dysmenorrhea

H. Infertility

INFORMATION SHEET

I. Endometrial implants in other areas of body

J. Bowel habit changes

IX. Nursing interventions for caring for patients with endometriosis

A. Obtain a complete history concerning menstrual cycle and occurrence of symptoms

B. Assist with diagnostic procedures

(NOTE: Obtain information concerning history of sterility due to endometriosis.)

C. Administer hormone therapy as prescribed

(NOTE: Hormone therapy may be used to keep the patient in a nonbleeding stage of her menstrual cycle for a prolonged time or to prevent ovulation.)

D. Advise patient of side effects of medication and how to prevent or treat them

E. Provide pre- and postoperative care of patient for surgical removal of adhesions, ectopic tissue, or reproductive organs as needed

X. Descriptions of common types of benign growths in the female reproductive organs

A. Myoma (fibroid tumor) — Fibrous, encapsulated, connective tissue tumor of uterus

(NOTE: Myomas may also be found in the breasts.)

B. Ovarian cyst — Closed sac occurring in the ovary, with a definite wall that contains fluid, semifluid, or solid material

C. Bartholin's cyst — Sac formed in chronic inflammation of Bartholin's glands

XI. Symptoms and interventions for common types of benign growths in the female reproductive organs (Table 2)

TABLE 2

Growth	Symptoms	Interventions
Myoma (fibroid tumor)	Metrorrhagia Feeling of heaviness and pressure in pelvis Constipation and retention of urine if tumor enlarges and presses on bowel and urethra Dysmenorrhea Malaise	Encourage regular checkups with physician if symptoms are not severe Provide pre- and postoperative care if myomectomy is needed

INFORMATION SHEET

Growth	Symptoms	Interventions
Ovarian cyst	Lower abdominal pain, acute or chronic Abdominal swelling Feeling of pressure if growth presses on other organs (NOTE: Symptoms depend on the type of cyst. Rupture of the cyst causes acute pain that later subsides.)	Provide pre- and postoperative care for cystectomy
Bartholin's cyst	Feeling of heaviness in labia Obvious swelling and mass in area Pain in vulva	Apply warm, moist compresses, or give warm sitz baths Provide pre- and postoperative care if incision and drainage of cyst is performed Use aseptic technique, and instruct patient to use good handwashing techniques

XII. Symptoms of cancer in the female reproductive tract

A. Vulva

1. Pruritis
2. Bloody discharge
3. Enlarged adjacent lymph nodes
4. Ulceration
5. Edema
6. Appearance of a mass
7. Severe pain

B. Cervix

(NOTE: Cancer of the cervix is the most common malignancy of the female reproductive tract.)

1. Bleeding or spotting after slight trauma (douching or intercourse)

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   2. Bloody, malodorous discharge
   3. Pain in last stages
   4. Abnormal Pap smear

C. Fundus of uterus
   1. Metrorrhagia
   2. Feeling of pressure if mass is untreated

D. Ovaries
   1. Irregular menses
   2. Increasing premenstrual tension
   3. Menorrhagia
   4. Swelling in affected area
   5. Pain

XIII. Nursing interventions for the treatment of cancer of the female reproductive tract

(NOTE: Treatment depends on the type and extent of the cancer and the area involved.)

A. Provide emotional support for patient and family throughout illness

B. Provide pre- and postoperative care for the patient treated by surgical removal of affected organs

(NOTE: The removal of organs depends on the extensiveness of the condition. A variety of surgical procedures may be needed to remove the diseased tissues.)

C. Maintain safe environment for patient, family, and nurse if radiation implants are used in treatment

D. Encourage healthy regimen, including good diet, adequate rest, and exercise as allowed

E. Instruct patient and family in home care and follow-up as indicated by physician

INFORMATION SHEET

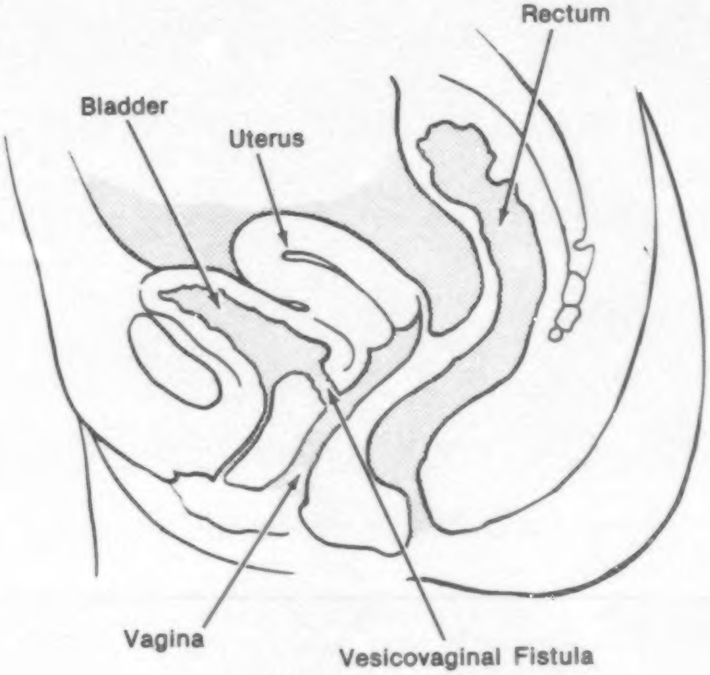
XIV. Descriptions of structural disorders of the female reproductive tract

A. Vaginal fistula — Abnormal tubelike passage from vagina to a free surface or another cavity (Figure 1)

(NOTE: The fistula may be between the vagina and a ureter [ureterovaginal], between the vagina and bladder [vesicovaginal], or between the vagina and rectum [rectovaginal].)

EXAMPLE:

FIGURE 1



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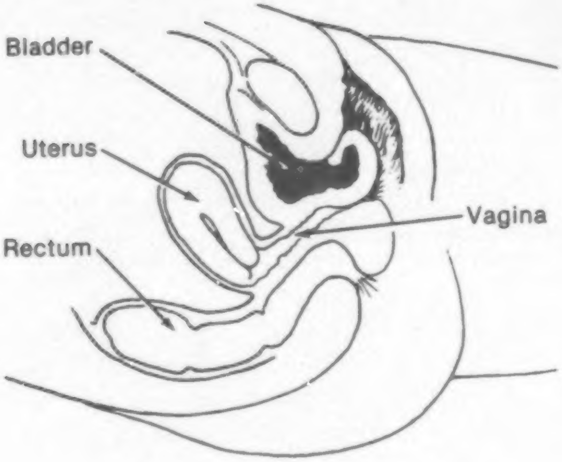
INFORMATION SHEET

B. Cystocele — Downward displacement of bladder into vagina (Figure 2)

EXAMPLE:

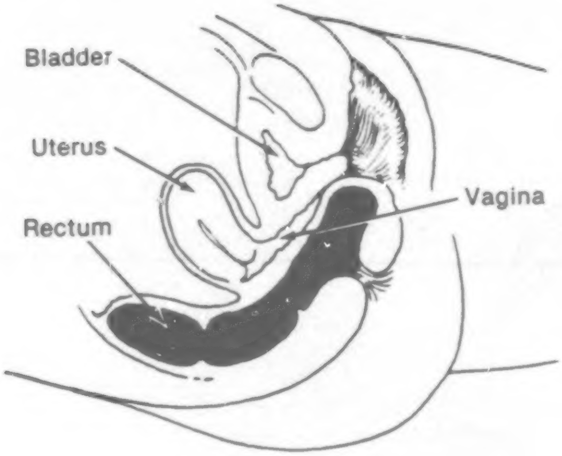
FIGURE 2


Bladder
Uterus
Rectum
Vagina

C. Rectocele — Herniation of rectum into vagina (Figure 3)

EXAMPLE:

FIGURE 3


Bladder
Uterus
Rectum
Vagina

Figures 2 and 3 used with permission of J.B. Lippincott Company, Philadelphia, Pennsylvania, from *Textbook of Medical-Surgical Nursing*, 4th edition, by Lillian Sholtis Brunner and Doris Smith Suddarth, 1980.

INFORMATION SHEET

D. Prolapse — Downward displacement of uterus into vagina

(NOTE: The degree of prolapse depends on the extent and the portion of the uterus that protrudes through the introitus.)

XV. Symptoms and interventions for structural disorders of the female reproductive tract (Table 3)

TABLE 3

Disorder	Symptoms	Interventions
Vaginal fistula	Continuous leakage of urine through vagina if ureters or bladder is involved Passage of feces and flatus through vagina if bowel is involved Continuous excoriation of vaginal walls and vulva Malodorous discharge	Keep patient clean and dry Provide pre- and postoperative care as indicated if surgery can be performed (NOTE: A rectovaginal fistula is difficult to repair and frequently recurs.)
Cystocele	Feeling of pressure in pelvis Obvious bulging of bladder in vaginal orifice Incontinence Frequency Urgency	Teach patient perineal exercises in early stage Assist in insertion of pessary if prescribed Provide pre- and postoperative care if anterior colporrhaphy is done
Prolapse	Urgency Pressure in introitus Dyspareunia	Assist in insertion of pessary if prescribed Maintain patient flat in bed until surgical intervention if third-degree prolapse occurs Provide pre- and postoperative care if repair is indicated
Rectocele	Constipation Bearing down feeling in introitus Difficulty in defecating Incontinence of flatus and fecal material Disappearance of symptoms when patient assumes recumbent position	Encourage bed rest Administer perineal care after patient voids or defecates Apply anesthetic sprays Apply local ice pack Provide pre- and postoperative care if posterior colpoplasty is used to repair vaginal wall

INFORMATION SHEET

XVI. Descriptions of surgical procedures used to treat diseases and disorders of the female reproductive tract

(NOTE: The laser is presently being used to treat certain conditions of the female reproductive tract.)

A. Salpingectomy — Removal of fallopian tube

(NOTE: The removal of one fallopian tube does not cause sterility, and the menstrual cycle continues.)

B. Oophorectomy — Removal of ovary

(NOTE: The removal of one ovary does not cause sterility, but the removal of both ovaries causes sterility and a surgical menopause.)

C. Hysterectomy — Removal of uterus, either vaginally or abdominally

(NOTE: If only the uterus is removed, an artificial menopause occurs but ovulation continues.)

D. Subtotal hysterectomy — Removal of uterus, leaving cervix in place

E. Total hysterectomy — Removal of uterus and cervix

F. Vulvectomy — Removal of vulva

G. Colporrhaphy — Suture of perineum to repair torn tissue

H. Incision and drainage — Opening and draining of an abscess or cyst

(NOTE: Ovarian cysts or tubal cysts may be treated by surgical opening of the cyst and drainage of its contents.)

I. Mammoplasty — Reconstructoin of the breast, using prosthetic implants or flaps constructed of patient's own tissues

(NOTE: There are many new procedures being used to reconstruct the breast. Patients now having breast tissue removed may be able to have a mammoplasty, provided there is adequate tissue for implant.)

J. Breast augmentation — Increase or addition of breast tissue

(NOTE: Cosmetic augmentation, or increasing the size of the breasts through implantation of a prosthetic device, is quite common. Just as common is breast reduction, the surgical procedure to decrease or remove some of the tissue for cosmetic effect or for removing fibrocystic tissue.)

INFORMATION SHEET

XVII. Nursing interventions for giving care to a patient undergoing a surgical procedure to treat a disease or disorder of the female reproductive tract

A. Obtain completed informed consent prior to procedure

(NOTE: When checking the preoperative orders, make sure that the correct and entire surgical procedure appears in the appropriate places.)

B. Prepare patient as indicated by physician

(NOTE: Patients may need a specific medication or prep before surgery. Make sure that all procedures are carried out as ordered.)

C. Evaluate patient's and family's knowledge of the surgical procedure, and answer questions as needed

D. Reassure patient and explain what can be expected postoperatively

E. Follow postoperative orders in giving specific care following surgical procedures

F. Check for postoperative bleeding and assess loss

(NOTE: There may be some drainage following abdominal or vaginal surgical procedures. Be sure to check the patient for pooling of bloody drainage and observe for any signs of hemorrhage. Use a pad count to assess bleeding.)

G. Assist patient in turning, coughing, and deep breathing at least every two hours

H. Encourage patient to perform passive leg exercises every two hours or as ordered

I. Give emotional support as needed to patients coping with changes in body image

(NOTE: Patients may need some guidance or counseling if surgical removal of reproductive organs is seen as a negative body image change.)

XVIII. Descriptions of diseases and disorders that affect the breast

(NOTE: Cysts and some tumors can be checked either by aspiration cytology or through incisional biopsy.)

A. Chronic cystic mastitis — Formation of fibrotic tissue that blocks ducts in breasts, causing masses to form

(NOTE: Chronic cystic mastitis is not inflammatory. Acute mastitis is inflammatory and may be seen in women who are lactating and breastfeeding. It is very important to follow aseptic technique and to teach these women good hygiene when breastfeeding.)

INFORMATION SHEET

B. Fibroadenomata — Formation of firm, round, movable, painless, benign tumors in breast

C. Paget's mammary disease — Formation of carcinoma of breast ducts that converge in nipple or areola; may spread to the larger ducts

D. Carcinoma of breast — Formation of malignant tumors in breast tissue

E. Breast abscess — Formation of an infected lesion within breast tissue

XIX. Symptoms and interventions for types of diseases and disorders of the breast (Table 4)

TABLE 4

Disease or Disorder	Symptoms	Interventions
Chronic cystic mastitis	Movable lumps in breast tissue Tenderness or pain one to two days before menstruation	Teach patient to perform breast examination and to distinguish cystic formation from tumors Encourage patient to have routine breast examinations Provide pre- and postoperative care if surgical removal of tissue is needed
Fibroadenomata	Noticable lumps in breast tissue	Encourage patient to have routine breast examinations Teach patient to perform breast examination Provide pre- and postoperative care if surgical removal is needed
Paget's mammary disease	Mild eczema over nipple in first stage Ulcerations and retraction of nipple "Orange peel" appearance of skin	Encourage patient to see physician when first symptoms appear Provide pre- and postoperative care for mastectomy Provide emotional support
Carcinoma of breast	Nontender lump in upper outer quadrant of breast in early stages Dimpling or "orange peel" appearance of skin Retraction of nipple Breast becoming fixed on chest wall, with nodules in axillary region Discharge from breast	Assist with care following chemotherapy as needed Provide pre- and postoperative care as needed for various types of surgical removal of affected tissue (NOTE: The method of treatment may differ depending on the physician and the type of therapy used.) Provide emotional support Teach postmastectomy exercises if needed

INFORMATION SHEET

Disease or Disorder	Symptoms	Interventions
Breast abscess	Tenderness Dusky red color of tissue Purulent discharge from nipple "Orange peel" appearance of skin	Apply warm, moist dressings to area Obtain sample of discharge for culture Administer prescribed antibiotics and analgesics Assist with incision and drainage of area Use aseptic technique in all patient care

XX. Nursing interventions for caring for the patient undergoing a mastectomy (Assignment Sheet #1; Job Sheet #1)

(NOTE: A simple or total mastectomy includes a removal of the breast without lymph node dissection or with removal of just a few nodes. A modified radical mastectomy includes removal of the breast and the lymph nodes under the axilla, with the pectoral muscles intact. A classical radical mastectomy includes removal of the breast, underlying muscles to chest wall, and nodules and lymphatics of axilla.)

A. Obtain completed informed consent prior to procedure

B. Provide emotional support to patient and family

C. Prepare patient for what to expect following the procedure

D. Prepare skin site as ordered by physician

E. Provide postoperative care as ordered by physician

F. Take vital signs as ordered

(CAUTION: Do not use arm on the affected side as this may lead to an incorrect reading or cause trauma to the arm.)

G. Check surgical dressing and gravity-flow drainage container for excessive drainage

(NOTE: Drainage following this type of procedure is normal. Assess the type and amount of drainage, and observe for symptoms of hemorrhage.)

H. Assist patient in turning, coughing, and deep breathing

I. To prevent edema, place patient in semi-Fowler's position, and elevate affected arm on a pillow with hand higher than elbow and elbow higher than shoulder, unless surgeon indicates another position

INFORMATION SHEET

J. Administer medications as ordered

(CAUTION: Do not use arm on the affected side for injections of any kind. Trauma and open wounds may result in edema or infection.)

(NOTE: Post signs reminding health team not to use affected arm for routine procedures.)

K. Assist patient in moving and exercising affected arm and shoulder as soon as allowed

L. Contact Reach to Recovery member to visit patient

(NOTE: The physician should be consulted before you make this call.)

M. Plan discharge with patient and family

(NOTE: Discharge planning for the mastectomy patient should be accomplished through a number of conversations among the nurse, the patient, and the family. Care of the affected arm and healing surgical site should be thoroughly discussed, and the patient should be able to take over the care at home. Exercises specifically for retoning of muscles should be started in the hospital and continued at home. If augmentation is to take place, guidelines should be given to the patient concerning care of the area. If the patient is to use a prosthesis, she should be given directions on use and care of the device. Certain precautions should be given to the patient concerning the protection of the hand and arm following a radical mastectomy. Due to removal of lymph nodes and vessels, the affected arm may swell and the body is not able to combat infections as well. Special precautions should be taken. See Table 5.)

EXAMPLE:

TABLE 5

SPECIAL HAND AND ARM CARE ON THE SIDE OF THE OPERATION
For the Woman Who Has Had a Radical Mastectomy

Avoid	Do
Cuts, bruises, insect bites, burns Hangnails or injury to cuticles Strong detergents Working near thorny bushes Digging in the garden Holding a cigarette Reaching into a hot oven Having blood drawn; injections Having a blood pressure cuff applied Wearing jewelry or a wrist watch Carrying heavy bags or purse	Protect hand and arm on operated side Apply lanolin hand cream several times daily Use a thimble when sewing Stay out of the strong sun Wear a medical alert tag engraved as follows: *Caution—lymphedema arm—no tests—no needle injections* See physician if the arm gets red or swollen or becomes unusually hard

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INFORMATION SHEET

N. Prepare patients who will have later breast augmentation

(NOTE: Augmentation may take place at the time of the mastectomy or may be a later procedure, depending on the amount of tissue involved or the surgeon's technique.)

XXI. Symptoms of benign prostatic hypertrophy

A. Difficulty in voiding

(NOTE: There is a gradual problem with starting the stream of urine and there is a decrease in the force of the urinary stream and a narrowing of the urinary stream.)

B. Urgency and frequency

C. Nocturia

D. Cystitis symptoms

(NOTE: Because of the retention of urine in the bladder, patients may experience recurrent urinary tract infections.)

XXII. Descriptions of common surgical procedures used to treat benign prostatic hypertrophy (Transparencies #1-#5; Assignment Sheet #1)

A. Suprapubic prostatectomy — Removal of prostate gland through an abdominal wound and an opening into bladder

B. Perineal prostatectomy — Removal of prostate gland through an incision in perineum

(NOTE: Incontinence and impotence may occur after this procedure.)

C. Retropubic prostatectomy — Removal of prostate gland through a low abdominal incision between pubic arch and bladder

D. Transurethral resection — Removal of prostate gland through the urethra to prostate, using an endoscopic instrument

(NOTE: This is often the preferred approach for removal of the prostate gland, as there is no incision and the hospital stay is much shorter.)

E. Cryosurgery — Removal of prostate gland, using a transurethral probe and liquid nitrogen

(NOTE: The prostate is frozen by the liquid nitrogen and a urethral catheter is inserted. The tissue then sloughs off in several days through the catheter. This procedure may be performed on patients who are high anesthetic or operative risks.)

INFORMATION SHEET

XXIII. Nursing interventions for caring for the patient undergoing a transurethral resection (Assignment Sheet #1)

A. Obtain completed informed consent prior to procedure

B. Prepare patient as ordered by physician

C. Check drainage collection system, and assess color and amount of drainage

D. Maintain a strict I & O, including amount of irrigation fluid used

(NOTE: A three-way irrigation and drainage system is used to keep a continuous irrigation flow into the bladder to prevent clot formation.)

E. Administer prescribed analgesics and antispasmodics to prevent straining and pain

F. Administer prescribed antibiotics

G. Explain to patient that there will be some urinary incontinence; teach perineal exercises until urinary control is gained

H. Provide adequate fluids to assist in rehydration and to prevent clot obstruction

I. Plan discharge care with patient and family

XXIV. Nursing interventions for caring for patients with cancer of the prostate

(NOTE: Unfortunately, symptoms of prostatic cancer may occur in the later stages of the condition. Urinary symptoms such as frequency, nocturia, and dysuria occur in the advanced stages of the disease. Men over the age of fifty should routinely have a prostate check.)

A. Give emotional support to patient and family

B. Assist in diagnostic tests to determine malignancy

C. Administer prescribed hormone therapy when appropriate

D. Provide pretreatment and posttreatment care for patients undergoing radiation or chemotherapy

E. Prepare patient for surgical removal of growth as ordered by physician

F. Provide pre- and postoperative care as ordered by physician

G. Obtain counseling for patient and family if needed

INFORMATION SHEET

XXV. Descriptions of infectious diseases and disorders of the male reproductive tract

A. Epididymitis — Infection of epididymis

(NOTE: Epididymitis is usually caused by an infection that comes from the urinary tract or through the prostate.)

B. Orchitis — Inflammation of testis

(NOTE: Orchitis is usually a result of an infection passed to the testis by the systemic route or as a result of severe trauma. Mumps in puberty is a good example of infection that can be passed to the testis.)

C. Prostatitis — Inflammation of prostate gland

(NOTE: Prostatitis may be caused by bacterial or viral agents and organisms that are carried to the prostate gland via the urinary tract.)

XXVI. Symptoms and interventions for infectious diseases and disorders of the male reproductive tract (Table 6)

TABLE 6

Disease or Disorder	Symptoms	Interventions
Epididymitis and orchitis	Chills Fever Pain and tenderness in scrotum Swelling of testis and epididymis	Maintain strict bed rest in early stage Elevate scrotum and apply an ice bag Administer prescribed antibiotics and analgesics Encourage intake of fluids
Prostatitis	Fever Chills Pain in back, rectum, and perineum Dysuria Nocturia Possible discharge	Collect urine specimen for culture and sensitivity Administer prescribed antibiotics and analgesics Maintain bed rest Instruct patient to avoid alcohol and coffee Give sitz baths as ordered Use medical aseptic technique

XXVII. Descriptions of other diseases and disorders that affect the penis and testes

A. Phimosis — Narrowing of foreskin so that it cannot be retracted over glans penis

(NOTE: Circumcision is the treatment of choice for phimosis. Postoperative bleeding may be a problem and should be assessed frequently.)

INFORMATION SHEET

B. Priapism — Uncontrolled persistent erection of the penis

(NOTE: Priapism is a very painful condition that may result in gangrene and impotence. The condition may be treated with ice packs, sedatives, or in an emergency, surgery.)

C. Hydrocele — Collection of fluid in the tunica vaginalis of the testicle or along the spermatic cord

(NOTE: A hydrocele may be caused by a systemic infection, such as mumps, or by trauma. The swelling usually subsides and no other treatment is needed. If hydrocele persists, surgical incision and drainage will be done.)

D. Variocele — Abnormal dilation of veins of venous plexus in scrotum

(NOTE: Ligation of the enlarged veins may be needed to treat the variocele if the condition persists.)

E. Testicular carcinoma — Malignant growth in the testis

(NOTE: Cancer of the testes usually occurs in males between the ages of twenty-five to thirty-four. Enlargment of a testicle without pain should be considered as a significant symptom and should be investigated immediately. The main treatment goal is to prevent metastasis whether by removal of the testis [orchiectomy] or by chemotherapy, radiation, or a combination of the two.)

XXVIII. Nursing interventions for caring for vasectomy patients

(NOTE: A vasectomy is accomplished by ligation of a section of the vas deferens, with or without the removal of a section of the vas. The severed ends are coagulated. Bilateral vasectomy may be done for sterilization. A vasectomy may be performed if the patient has recurrent acute epididymitis.)

A. Obtain completed informed consent prior to procedure

B. Prepare patient as indicated by physician

(NOTE: Vasectomies may be performed in the physician's office under local anesthetic or in an operating room under general anesthetic.)

C. Answer all questions or refer questions to physician

(NOTE: Some patients have misconceptions about vasectomies. They think that a vasectomy will affect erections, ejaculation, sexual potency, and production of male hormones, or that the procedure will prevent venereal disease. The nurse should correct any such misunderstandings.)

INFORMATION SHEET

D. Apply ice bags intermittently to side of or under scrotum to relieve discomfort and to reduce swelling; apply scrotal support

E. Check for bleeding at incisional site

F. Instruct patient in home care and follow-up

(NOTE: Sexual intercourse may be resumed by patient after recuperation, but the patient should be advised that he will still be fertile for a varying length of time following the procedure and that other methods of birth control should be used. Absence of sperm should be confirmed by tests completed at least two months following the procedure.)

XXIX. Descriptions of sexually transmitted diseases (STD)

A. Gonorrhea — Contagious inflammation of genital mucous membrane

(NOTE: Gonorrhea is caused by the Neisseria gonorrhoeae organism. This disease can cause chronic complicated conditions in other areas of the body.)

B. Syphilis — Acute and chronic infectious disease beginning with one lesion and spreading throughout the body

(NOTE: Syphilis is caused by the Treponema pallidum organism. Untreated syphilis may cause conditions in the central nervous system, heart, bone, skin, and viscera many years later.)

C. Herpesvirus II — Infectious viral disease appearing as painful, raised areas in clusters on mucous membranes

(NOTE: Genital herpes simplex virus infections usually result from close contact with infectious lesions and secretions. Herpesvirus II is becoming one of the most prevalent venereal diseases in America.)

D. Acquired immune deficiency syndrome (AIDS) — Contagious disease that lowers resistance to specific other diseases because of a defect in cellular immune functions

EXAMPLES: Mycobacteria tuberculosis, Salmonella, Candida albicans, herpes simplex, toxoplasmosis, Kaposi's sarcoma, lymphomas

(NOTE: Acquired immune deficiency syndrome has been linked to homosexuals, Haitians, drug abusers, and hemophiliacs or others who have had blood transfusions. Blood transfusions are being carefully screened before being used.)

INFORMATION SHEET

E. Nonspecific urethritis (NSU) — Acute nongonococcal inflammation of urethra

(NOTE: Chlamydia trachomatis has been found to be responsible for about 50 percent of the cases of nonspecific urethritis.)

XXX. Symptoms and interventions for sexually transmitted diseases (STD) (Table 7)

TABLE 7

Disease	**Symptoms**	**Interventions**
Gonorrhea	*Female—* Asymptomatic in early stages Menstrual disturbances Pain as infection spreads upward Sterility *Male—* Burning and pain on urination Yellowish purulent discharge Epididymitis, prostatitis, and infection of seminal vesicles as infection spreads Sterility *Both—* Fever Chills Malaise	Assist with diagnostic tests (NOTE: In men, a stained smear of a urethral discharge is used. In women, cultures must be obtained and specially treated to diagnose the organism.) Administer prescribed antibiotic Provide counseling for patient and all sexual contacts
Syphilis	*Primary stage (three weeks after transmission)—* Painless lesion (chancre on genitalia, inside the wall of vagina, nipple, or mouth) Headache Enlarged lymph nodes near chancre Positive serology test	Administer prescribed antibiotics Encourage follow-up Provide counseling for patients and all sexual contacts Treat latent complications symptomatically

INFORMATION SHEET

Disease	Symptoms	Interventions
	Secondary stage (six weeks after initial infection)— Skin rash Condylomas around anus or mouth Fever Headache Malaise Sore throat Alopecia Generalized enlargement of lymph nodes *Tertiary stage—* Gummas in skin, bones, liver, larynx, and testes Endocarditis Arthritis Meningitis Blindness (NOTE: Complications will occur in later life depending on what areas of the body have been infected.)	
Herpesvirus II	Painful, raised areas appearing in clusters on mucous membranes Fever Malaise Feeling of heaviness of vulva in women	Assist with diagnostic tests to determine type of organism Administer prescribed medications Instruct patient concerning sexual activity during active phase of disease Encourage follow-up visits to physician Provide counseling to pregnant women Provide counseling for patient and all sexual contacts
Acquired immune deficiency syndrome (AIDS)	Weight loss Chronic generalized enlargement of lymph nodes Malaise Vesicular lesion on vulva, perineum, vagina, and cervix in women, and on penile shaft, prepuce, glans penis, scrotum, and perineum in men Dysuria Swelling of lymph glands	Assist with diagnostic tests Administer prescribed medications Give symptomatic care as indicated for associated disease Take precautions when handling secretions, excretions, and especially blood Give supportive care Provide counseling for patient and all sexual contacts

INFORMATION SHEET

Disease	Symptoms	Interventions
Nonspecific urethritis (NSU)	Urethral discharge varying from slightly mucoid to profusely purulent Dysuria in some cases Nonsymptomatic in some men	Assist with diagnostic tests to determine type of organism Administer prescribed antibiotics Use aseptic technique

XXXI. Descriptions of diseases and disorders of the reproductive system that specifically affect the pediatric patient

A. Hypospadias — Congenital abnormal opening of male urethra on underside of penis

(NOTE: The opening is located on the underside of the penis or anywhere along the ventral surface of the penile shaft. The most severe malformation occurs when the opening is located on the perineum between the two halves of the scrotum. This abnormality is also seen in females but is not as common as in males.)

B. Epispadias — Congential abnormal opening of male urethra on dorsal surface of penis

C. Cryptorchidism — Congenital failure of one or both testes to descend into scrotal sac

D. Ophthalmia neonatorum — Severe purulent conjunctivitis in newborn, usually transmitted to infant during delivery by contact with infected birth canal

E. Syphilis — Infectious, chronic, venereal disease transmitted to infant in utero through the bloodstream

(NOTE: Infants with untreated syphilitic mothers may be stillborn or have any of a number of deformities when born.)

F. Herpesvirus II — Infectious viral disease that may be transmitted to infant in utero or may be transmitted during delivery by contact with infected birth canal

INFORMATION SHEET

XXXII. Symptoms and interventions for diseases and disorders of the reproductive system that specifically affect the pediatric patient (Table 8)

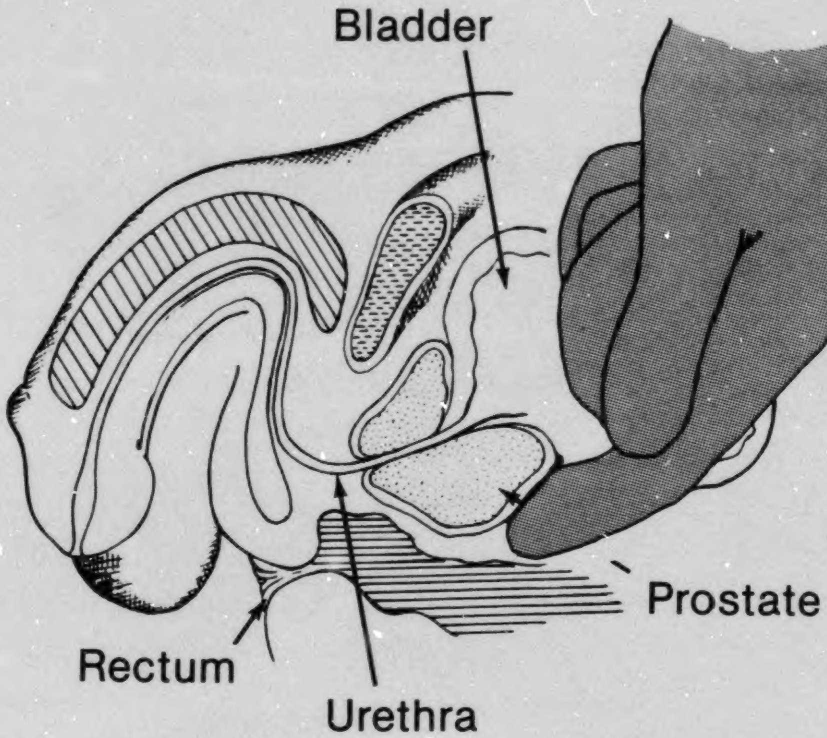
TABLE 8

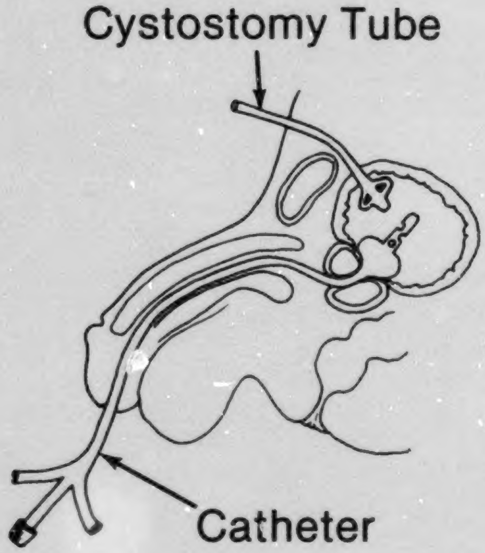
Disease or Disorder	Symptoms	Interventions
Hypospadias	Obvious opening of urethra on underside of penis Chordee of penis	Instruct parents in care of infant Provide pre- and postoperative care during phases of reconstructive surgery (NOTE: Surgical intervention will include release of the chordee and lengthening of the urethra. Most complex repair is completed at about age three.)
Epispadias	Obvious opening of urethra on dorsal side of penis	Instruct parents in care of infant Provide pre- and postoperative care during phases of reconstructive surgery
Cryptorchidism	Palpation of undescended testes (NOTE: Retracted testes can be pushed back into the scrotum but truly undescended ones cannot.)	Administer prescribed hormones Provide pre- and postoperative care when an orchidopexy is indicated Instruct parents in care of child following procedure
Ophthalmia neonatorum	Blindness	No treatment (NOTE: Newborns are given drops of silver nitrate or penicillin in the eyes as a prophylactic measure immediately after birth. If condition of gonorrhea in mother is discovered early, infant may be taken by C section.)

INFORMATION SHEET

Disease or Disorder	Symptoms	Interventions
Syphilis in newborn	Skin erruptions of rose spots Blebs on soles and palms Snuffles Ulcerations around anus and mouth (NOTE: Endocarditis and arthritis may occur as secondary conditions in adults.)	Assist with laboratory diagnostic tests Isolate infant Administer prescribed antibiotics
Herpesvirus II	*Mild—* Asymptomatic to obvious lesion(s) *Severe—* Fever Septicemia Cardiovascular and respiratory failure	Administer prescribed antiviral agents Give supportive care (NOTE: Severe herpesvirus II is usually fatal due to encephalopathy.)

Suprapubic Prostatectomy


Bladder
Prostate
Rectum
Urethra


Cystostomy Tube
Catheter

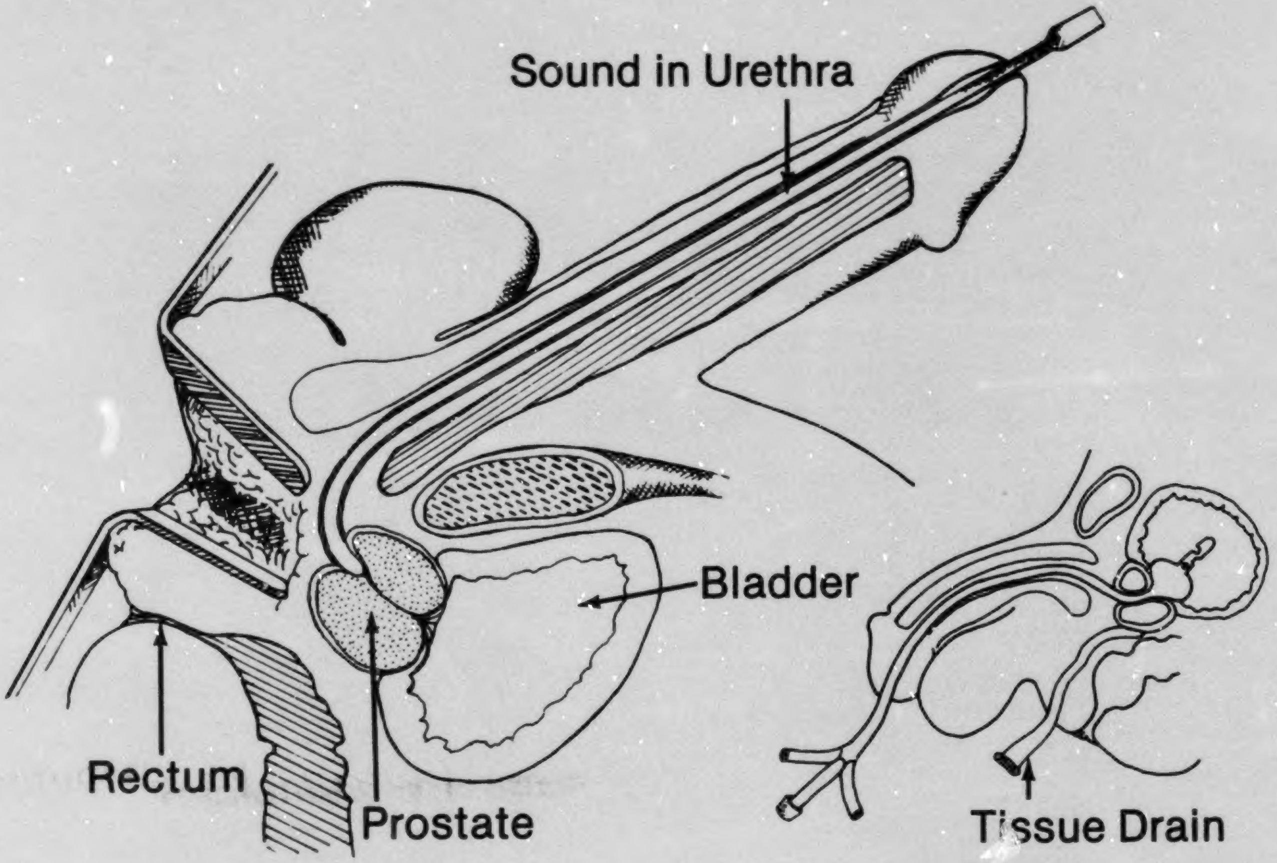
TM #1

975

976

PN III - 1059-A

Perineal Prostatectomy


Sound in Urethra
Bladder
Rectum
Prostate
Tissue Drain

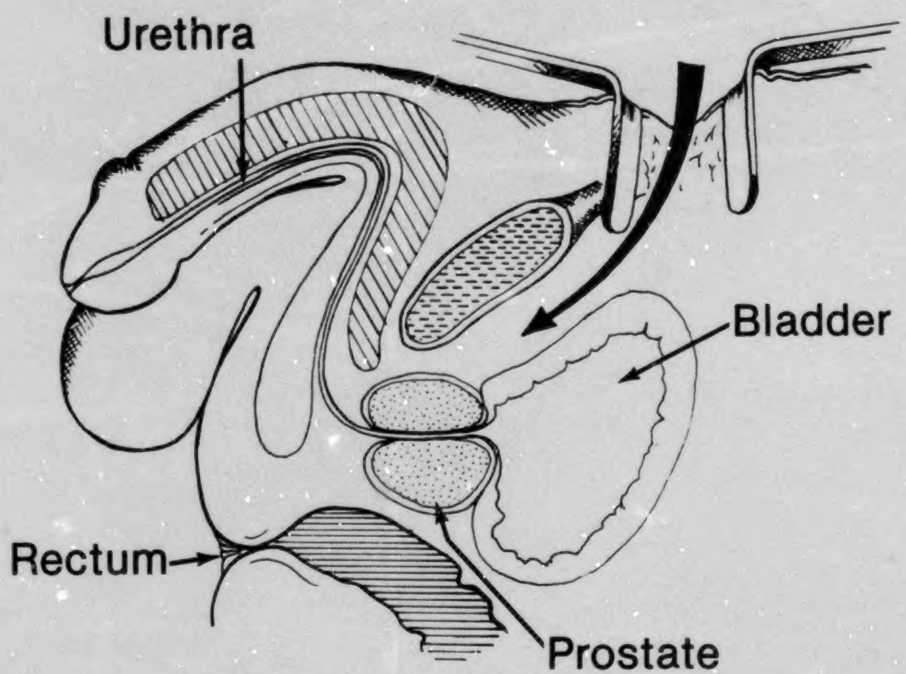
TM #2

977

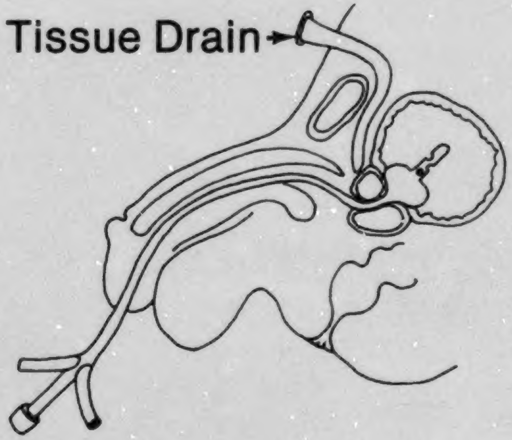
978

PN III - 1061-A

Retropubic Prostatectomy

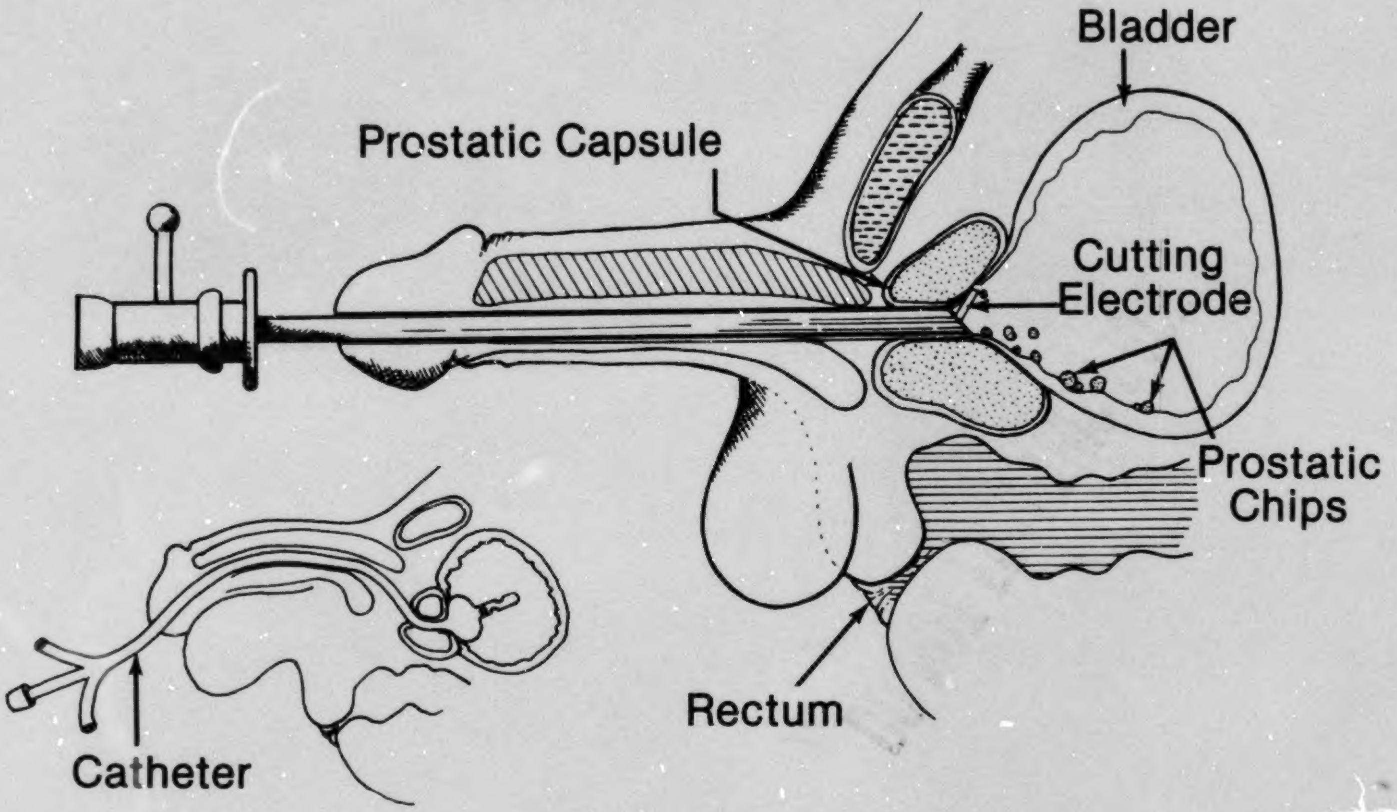

Urethra
Bladder
Rectum
Prostate

979

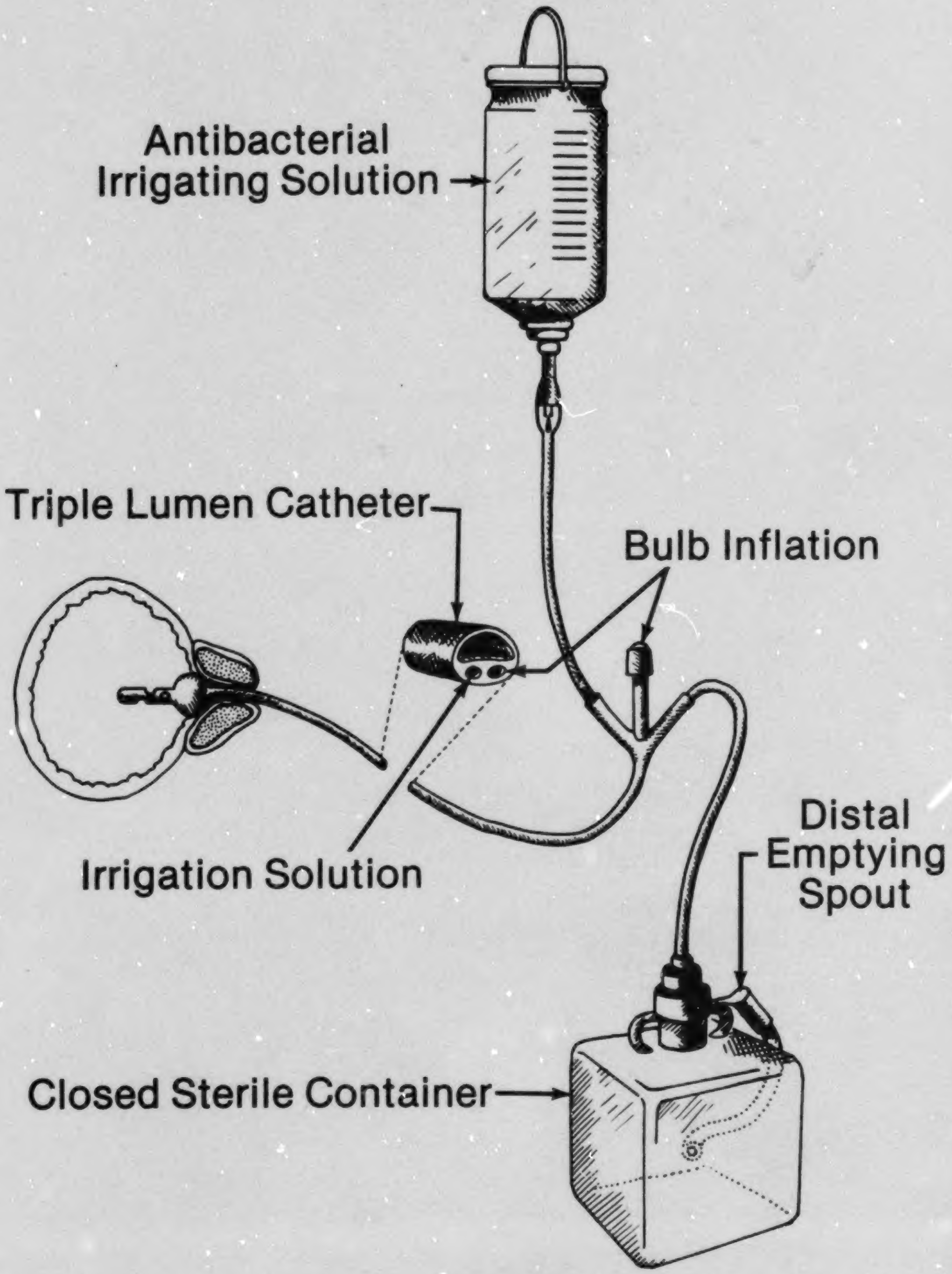

Tissue Drain

980

Transurethral Resection


Bladder
Prostatic Capsule
Cutting Electrode
Prostatic Chips
Rectum
Catheter

Closed Irrigating System


Antibacterial Irrigating Solution
Triple Lumen Catheter
Bulb Inflation
Distal Emptying Spout
Irrigation Solution
Closed Sterile Container

ASSESSMENT AND MANAGEMENT OF DISEASES AND DISORDERS OF THE REPRODUCTIVE SYSTEM
UNIT XIII

ASSIGNMENT SHEET #1 — PLAN CARE FOR PATIENTS WITH DISEASES AND DISORDERS OF THE REPRODUCTIVE SYSTEM

NAME ______________________________ SCORE ______________

Patients with diseases or disorders of the reproductive system are affected both psychologically and physiologically. Body image, sexuality, and the ability to reproduce are important factors in the life of each individual. Thus, the nurse plays a large role in providing emotional support and specific skills in giving care to these patients.

This assignment sheet provides you with three simulated case studies of patients with diseases or disorders of the reproductive system. You will need to recall some information already learned and to research some material that you will need to answer the questions. Hand in completed assignment to instructor for evaluation, or discuss in class.

Patient #1

Kitty Jones, a thirty-six-year-old patient of Dr. Kelly, has been admitted to your unit and is scheduled for a breast biopsy with possible mastectomy. She found a lump about a week ago and, after several tests, has been told that the lump is suspicious and a biopsy should take place.

A. Mrs. Jones has had a thermography of her right breast. Describe this procedure.

____

____

____

B. Mrs. Jones and her husband are quite anxious and ask you if all of the breast will be removed during surgery if the lump is malignant. How do you reply?

____

____

C. Mrs. Jones is taken to surgery. After the biopsy is confirmed as malignant, a mastectomy is performed. How would you describe a mastectomy?

____

____

ASSIGNMENT SHEET #1

D. When Mrs. Jones returns to her room, she has a pressure dressing with a drain connected to a gravity flow drainage collection device. What position would be best for Mrs. Jones?

____

____

E. What type of drainage would you expect to see in the collection bag?

____

F. When you enter Mrs. Jones' room later that day, you find Mr. Jones sitting at her bedside crying. If you responded, what would you say to Mr. Jones?

____

____

____

G. Mrs. Jones complains of a great deal of pain in the affected side. You know that she must exercise her arm and shoulder or she will have uncomfortable stiffness that will prevent motion. How would you handle this problem?

____

____

H. Mrs. Jones is healing and has seemed to accept the loss of her breast. One morning, when you are helping Mrs. Jones with her exercises she begins to cry and states, "I'll never be able to wear all my pretty clothes again." What could you say to Mrs. Jones?

____

____

I. Mr. Jones takes you aside the next morning and asks how he can help his wife the most when he takes her home. What would you tell Mr. Jones?

____

____

____

____

ASSIGNMENT SHEET #1

J. Mrs. Jones' physician asks you to call a representative from Reach to Recovery to visit with Mrs. Jones before she leaves the hospital. What is the main purpose of this group?

K. What activities should Mrs. Jones avoid when she goes home? Why?

L. Mrs. Jones tells you that a friend of hers had a mastectomy but later had an augmentation performed. She asks you if it would be possible for her to have that procedure. What would you tell her?

Patient #2

Jason Park, a seventy-two-year-old, has been admitted to the hospital with a tentative diagnosis of benign prostatic hypertrophy. He is to have diagnostic tests performed and a possible prostatectomy.

A. List the symptoms Mr. Park was probably experiencing with benign prostatic hypertrophy. What does the term *hypertrophy* mean?

B. Mr. Park has been unable to void for about ten hours and is extremely uncomfortable. What is the best method of checking for a distended bladder?

C. Mr. Park is catheterized, medicated, and made comfortable on your unit. He is scheduled for an IVP in the morning. What structures will the physician be able to assess by looking at the IVP?

ASSIGNMENT SHEET #1

D. Mr. Parks is scheduled to have a transurethral resection of the prostate gland. He signs the operative consent after listening to the surgeon's explanation, but when you reenter the room he asks you to explain the procedure to him. What could you tell Mr. Parks?

E. His surgeon has scheduled Mr. Parks to have a spinal anesthetic. What would the main reason for this type of anesthetic be?

F. Mr. Parks returns from surgery with a three-way catheter in place. What is the main purpose for this catheter? What are your main responsibilities?

G. Mr. Parks is responding quite well and you have removed the three-way catheter as ordered. What symptom might you expect temporarily after the catheter has been removed?

H. What is a common complication following a prostatectomy?

Patient #3

Cory Browne, a four-year-old patient of Dr. Sullivan, has been admitted for an orchidopexy. He was born with undescended testes and has had hormonal therapy since age two without results.

A. Describe an orchidopexy.

ASSIGNMENT SHEET #1

B. Why should this surgery be performed before or at the age of five?

____

____

C. Why are premature infants more likely to have cryptorchidism?

____

D. What is the most important consideration for the nurse in the care of the child postoperatively?

____

____

ASSESSMENT AND MANAGEMENT OF DISEASES AND DISORDERS OF THE REPRODUCTIVE SYSTEM
UNIT XIII

ANSWERS TO ASSIGNMENT SHEET

Assignment Sheet #1 (Suggested answers)

Patient #1

A. A thermogram is taken of the breast tissue after it has been scanned by an infrared scanner. The heat generated by the increased blood supply in tumor masses shows up on the thermogram.

B. This question will need to be answered by Mrs. Jones' surgeon. It would be best to say, "You will want to ask Dr. Kelly what the procedure will entail."

C. Excision of the breast and possibly a lymph node dissection

D. Position Mrs. Jones' right arm on pillows, with her hand higher than the elbow and the elbow higher than her shoulder.

E. Serosanguineous drainage

F. You might ask Mr. Jones if he would like to talk about his feelings, or ask him if he has questions he would like answered.

G. Try to schedule her medication for pain before the exercises are performed.

H. Explain to Mrs. Jones that with the prosthesis she can wear any of her clothes just as she did before.

I. Mr. Jones will need to support his wife as she makes adjustments to the loss of her breast. He should show that he loves her and that the loss of her breast has not made her less attractive or lovable.

J. The Reach to Recovery group is made up of women who have undergone a mastectomy. They help the patient adjust and be rehabilitated.

K. Any activities that may injure her right arm, such as working in the garden, or those activities that might cause scratches, burns, cuts, or bruises. She has lost the lymph nodes in that arm.

L. Mrs. Jones should consult her surgeon about the possibility of augmentation. Each case is unique; some patients are good candidates for this procedure, and others will need a prosthesis.

Patient #2

A. Difficulty in starting the flow of urine, voiding during the night, and voiding at more frequent intervals. Hypertrophy means that there is an increase in the size of an organ or structure that does not mean enlargement due to tumor formation.

ANSWERS TO ASSIGNMENT SHEET

B. Look for a rounded swelling above the pubis.

C. Ureters, kidney, and bladder

D. You can tell Mr. Parks that an instrument will be inserted through the urethra and threaded up into the area of the prostate gland. The instrument is capable of removing pieces of the gland through a cutting motion. The pieces will then be washed out through a catheter device. He will feel no pain throughout the procedure.

E. A spinal anesthetic is safer for a man of Mr. Parks' age and recovery is shorter than that with a general anesthetic.

F. The three-way catheter is used to irrigate the bladder, to cleanse and remove any tissue, and to prevent blood clots from forming. It is also used to drain the urine from the bladder. The nurse's main responsibilities are to see that there is a continuous flow of irrigation fluid moving through the catheter and that there are no kinks to stop the flow. Another responsibility is to monitor the amount of irrigation flow plus the urine.

G. The patient probably will be having some dribbling incontinence. This may upset the patient, and he should be told that this condition is only temporary.

H. Hemorrhage may cause cardiac collapse.

Patient #3

A. The testes are brought down into the scrotum and secured in position by attaching one end of a rubber band to a retraction suture in the scrotum and securing the other end to the inner thigh with adhesive tape. This band is left in place for about five to seven days.

B. If the testes are left in the abdomen any longer, the heat of the body, which is higher than that in the scrotum, will cause sterility.

C. The testes normally descend during the seventh to ninth month of gestation.

D. To make sure that the necessary tension is applied to the band to ensure that the testes do not reascend into the abdomen

ASSESSMENT AND MANAGEMENT OF DISEASES AND DISORDERS OF THE REPRODUCTIVE SYSTEM
UNIT XIII

JOB SHEET #1 — TEACH POSTMASTECTOMY EXERCISES

(NOTE: Exercises need to be performed by the mastectomy patient to maintain range of motion for the affected shoulder joint and to regain strength in the affected arm. The nurse may be responsible for teaching the patient to perform these exercises.)

I. Equipment

   A. Rod or broom

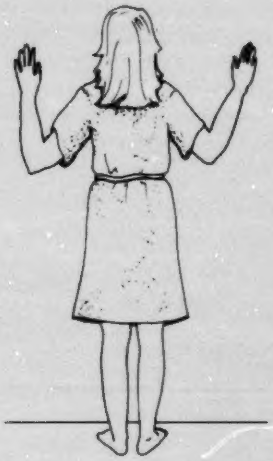
   B. Light-weight rope

II. Procedure for wall handclimbing

   A. Have patient stand facing wall, with toes as close to wall as possible and feet apart

   B. Ask patient to bend elbows slightly and place her palms on the wall at shoulder level (Figure 4)

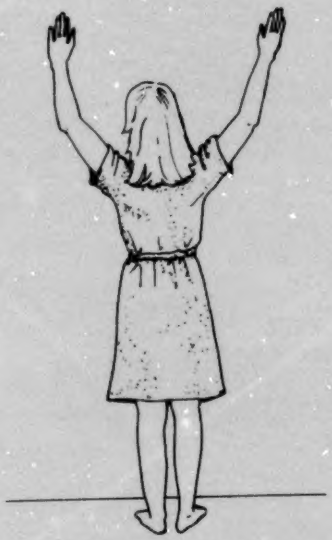
FIGURE 4



JOB SHEET #1

C. Have her flex her fingers, working her hands up the wall until her arms are fully extended (Figure 5)

FIGURE 5



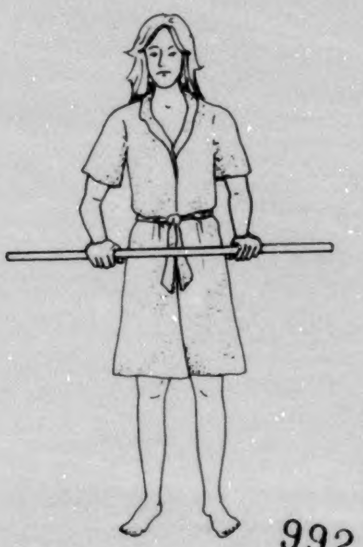
D. Have patient repeat the procedure, working hands back down to starting position

E. Document patient teaching

III. Procedure for rod or broom maneuver

A. Ask patient to grasp rod with both hands held about two feet apart (Figure 6)

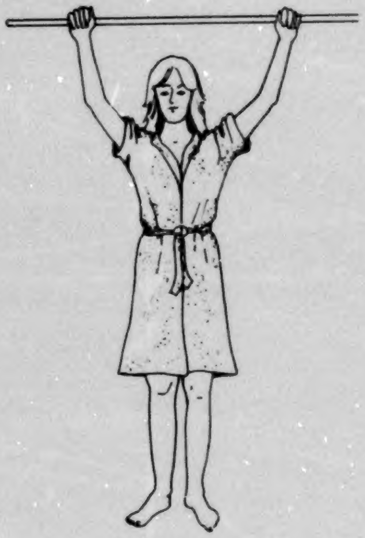
FIGURE 6



JOB SHEET #1

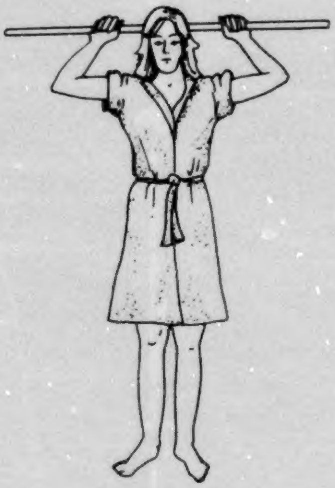
B. Have patient hold both arms straight and raise rod over her head (Figure 7)

FIGURE 7



C. Ask her to bend both elbows, lowering rod behind her head (Figure 8)

FIGURE 8



JOB SHEET #1

D. Have patient repeat procedure in reverse, raising rod above her head and then returning to starting position

E. Document patient teaching

IV. Procedure for rope turning

A. Have patient stand facing door

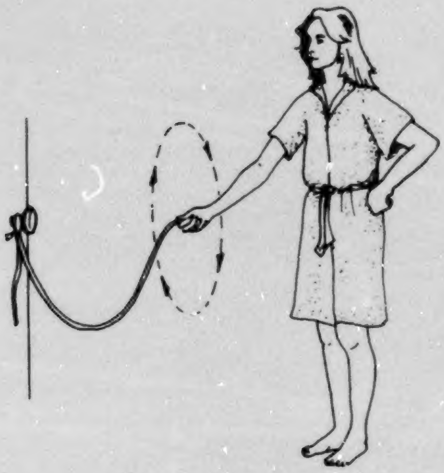
B. Tie one end of the rope onto door handle

C. Have patient take free end of rope in hand on operated side

D. Ask patient to place other hand on hip

E. Have patient extend arm and hold arm away from body nearly parallel with floor (Figure 9)

FIGURE 9



F. Have patient turn rope, making swings as wide as possible

(NOTE: Have patient start at a slow speed, increasing speed when possible.)

G. Document patient teaching

V. Procedure for rope pulley

A. Toss rope over shower curtain rod

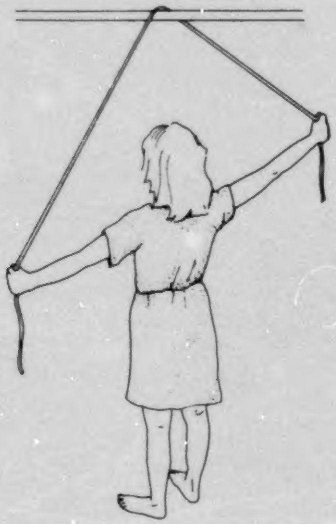
B. Have patient stand as nearly under rope as possible

C. Have patient grasp an end of the rope in each hand

JOB SHEET #1

D. Ask patient to extend her arms out straight, away from body (Figure 10)

FIGURE 10



E. Have patient pull left arm up by tugging down with right arm, and then reverse procedure to pull right arm up

F. Document patient teaching

JOB SHEET #1

VI. Checklist for procedure for wall handclimbing

		Performed Well	Needs Improvement
A.	Had patient stand facing wall, with toes as close to wall as possible and feet apart	☐	☐
B.	Asked patient to bend elbows slightly and place her palms on wall at shoulder level	☐	☐
C.	Had her flex her fingers, working her hands up the wall until her arms were fully extended	☐	☐
D.	Had patient repeat procedure, working hands back down to starting position	☐	☐
E.	Documented patient teaching	☐	☐

Comments: ______________________________

____

____

____

VII. Checklist for procedure for rod or broom maneuver

		Performed Well	Needs Improvement
A.	Asked patient to grasp rod with both hands held about two feet apart	☐	☐
B.	Had patient hold both arms straight and raise rod over her head	☐	☐
C.	Asked her to bend both elbows, lowering rod behind her head	☐	☐
D.	Had patient repeat procedure in reverse, raising rod above her head and then returning to starting position	☐	☐
E.	Documented patient teaching	☐	☐

Comments: ______________________________

____

____

JOB SHEET #1

VIII. Checklist for procedure for rope turning

		Performed Well	Needs Improvement
A.	Had patient stand facing door	☐	☐
B.	Tied one end of the rope onto door handle	☐	☐
C.	Had patient take free end of rope in hand on operated side	☐	☐
D.	Asked patient to place other hand on hip	☐	☐
E.	Had patient extend arm and hold arm away from body nearly parallel with floor	☐	☐
F.	Had patient turn rope, making swings as wide as possible	☐	☐
G.	Documented patient teaching	☐	☐

Comments:

IX. Checklist for procedure for rope pulley

		Performed Well	Needs improvement
A.	Tossed rope over shower curtain rod	☐	☐
B.	Had patient stand as nearly under rope as possible	☐	☐
C.	Had patient grasp an end of the rope in each hand	☐	☐
D.	Asked patient to extend her arms out straight, away from body	☐	☐
E.	Had patient pull left arm up by tugging down with right arm, and then reverse procedure to pull right arm up	☐	☐
F.	Documented patient teaching	☐	☐

Comments:

ASSESSMENT AND MANAGEMENT OF DISEASES AND DISORDERS OF THE REPRODUCTIVE SYSTEM
UNIT XIII

TEST

NAME ____ SCORE ________________

1. Match to their correct definitions terms associated with diseases and disorders of the reproductive system. Write the correct numbers in the blanks.

______a. Pain during sexual intercourse

______b. Cyst found in a follicle

______c. Cyst with darkly pigmented gelatinous content found in the ovary

______d. Cyst found in the ovary or testes; may contain elements of hair, teeth, or skin

______e. Wartlike growth of skin, usually seen on external genitalia or near anus

______f. Soft tumor of tissues characteristic of the tertiary stage of syphilis

______g. Painful downward curvature of the penis on erection

1. Follicular cyst
2. Gumma
3. Chocolate cyst
4. Dermoid cyst
5. Dyspareunia
6. Condyloma
7. Chordee

2. List conditions that affect the reproductive system.

a. ____

b. ____

c. ____

d. ____

3. Match to their correct descriptions diagnostic tests for the female reproductive system. Write the correct numbers in the blanks. Tests and descriptions are continued on the next page.

______a. Visualization and manipulation of pelvic reproductive organs

______b. Visualization through a microscope of smears of uterine and vaginal secretions; used to detect abnormal cell formations

1. Pelvic examination
2. Papanicolaou test (Pap test)

TEST

______c. Direct visualization of uterus and adnexa by inserting a scope through a small incision in abdomen

______d. Visualization of vaginal and cervical tissues with a scope containing magnifying lenses

______e. Excision of a cone of tissue for examination

______f. Stretching of cervical opening, and scraping of uterus to obtain tissue for laboratory study

______g. Radiographic visualization of uterus and fallopian tubes, following an injection of contrast dye to determine patency of tubes

______h. Radiographic visualization of fallopian tubes, following injection of carbon dioxide gas under pressure into uterine cavity to determine patency of tubes

______i. Radiographic visualization of breast tissue, without the use of radiopaque dye

______j. Visualization of breast tissue through infrared photography

3. Dilation and curettage (D & C)
4. Conization
5. Thermography
6. Hysterosalpingography
7. Mammography
8. Laparoscopy
9. Rubin's test (tubal insufflation test)
10. Colposcopy

4. State nursing interventions for caring for patients undergoing diagnostic tests for diseases or disorders of the reproductive system.

a. ______________________________

b. ______________________________

c. ______________________________

d. ______________________________

e. ______________________________

f. ______________________________

g. ______________________________

h. ______________________________

TEST

5. Match menstrual disturbances to their correct descriptions. Write the correct numbers in the blanks.

_____a. Excessive bleeding, in amount and duration, during menstruation

_____b. Painful menstruation

_____c. Bleeding between menstrual periods

_____d. Absence of or abnormal stoppage of menses

1. Amenorrhea
2. Menorrhagia
3. Dysmenorrhea
4. Metrorrhagia

6. Match to their correct descriptions infectious diseases and disorders of the female reproductive tract. Write the correct numbers in the blanks.

_____a. Inflammation of vagina

_____b. Inflammation of cervix

_____c. Inflammation of endometrium

_____d. Inflammation of pelvic organs

_____e. Severe reaction of system to a toxin produced by staphylococci organisms

1. Pelvic inflammatory disease (PID)
2. Toxic shock syndrome
3. Endometritis
4. Vaginitis
5. Cervicitis

7. Identify according to their symptoms and interventions infectious diseases and disorders of the female reproductive tract. Write the correct names in the blanks.

Vaginitis
Cervicitis
Endometritis
Pelvic inflammatory disease (PID)
Toxic shock syndrome

Disease or Disorder	Symptoms	Interventions
a. ____________ ______________	Low back and abdominal pain Dysmenorrhea Menorrhagia Sterility Constipation	Administer prescribed antibiotics and analgesics
b. ____________ ______________	Abnormal vaginal discharge, the character of which depends on the causative organism	Assist with diagnostic tests to determine type of organism Administer prescribed medications Instruct patient in home care

TEST

Disease or Disorder	Symptoms	Interventions
c. ____________ ____________	High fever Skin rash with peeling, especially of palms and soles Malaise Tenderness or pain in muscles Edema of face and hands Hypotension Nausea Acute respiratory collapse Cardiac arrest	Administer prescribed antibiotics Monitor IV fluids Prepare for CPR if acute condition
d. ____________ ____________	Spotting or bleeding after intercourse Leukorrhea	Assist with diagnostic tests to determine type of organism Administer systemic prescribed antibiotics in acute stage Assist with conization or electrocautery if condition is chronic Instruct patient in home care and follow-up
e. ____________ ____________	Malodorus, purulent discharge Backache Pain in abdomen and back Bearing down feeling Fever Nausea and vomiting Menorrhagia or dysmenorrhea Dyspareunia Diarrhea	Assist with diagnostic tests to determine type of organism Administer prescribed antibiotics, analgesics, and antiinflammatory drugs Apply warm compresses or give warm sitz bath as ordered Instruct patient in care of perineal pads and personal hygiene

8. Select from the following list symptoms of endometriosis. Write an "X" in the blank before each correct answer.

_____a. Urethritis

_____b. Pelvic pain

_____c. Backache

_____d. Vertigo

_____e. Menorrhagia

_____f. Metrorrhagia

TEST

______g. Dyspareunia

______h. Pain on defecation

______i. Bloody discharge

______j. Dysmenorrhea

______k. Flatulence

______l. Hematuria

______m. Infertility

______n. Endometrial implants in other areas of body

______o. Bowel habit changes

9. State nursing interventions for caring for patients with endometriosis.

a. ____

____

b. ____

____

c. ____

____

d. ____

____

e. ____

____

10. Match to their correct descriptions common types of benign growths in the female reproductive organs. Write the correct numbers in the blanks.

______a. Sac formed in chronic inflammation of the Bartholin's glands

______b. Fibrous, encapsulated, connective tissue tumor of uterus

______c. Closed sac occurring in the ovary, with a definite wall that contains fluid, semifluid, or solid material

1. Myoma (fibroid tumor)
2. Ovarian cyst
3. Bartholin's cyst

TEST

11. Identify according to their symptoms and interventions common types of benign growths in the female reproductive organs. Write the correct names in the blanks.

Myoma (fibroid tumor) **Ovarian cyst** **Bartholin's cyst**

Growth	Symptoms	Interventions
a. ______________ ______________	Lower abdominal pain, acute or chronic Abdominal swelling Feeling of pressure if growth presses on other organs	Provide pre- and postoperative care for cystectomy
b. ______________ ______________	Metrorrhagia Feeling of heaviness and pressure in pelvis Constipation and retention of urine if tumor enlarges and presses on bowel and urethra Dysmenorrhea Malaise	Encourage regular checkups with physician if symptoms are not severe Provide pre- and postoperative care if myomectomy is needed
c. ______________ ______________	Feeling of heaviness in labia Obvious swelling and mass in area Pain in vulva	Apply warm, moist compresses, or give warm sitz baths Provide pre- and postoperative care if incision and drainage of cyst is performed Use aseptic technique, and instruct patient to use good handwashing techniques

12. List symptoms of cancer in the female reproductive tract.

a. Vulva

1) ____

2) ____

3) ____

4) ____

5) ____

TEST

6) ____________________

7) ____________________

b. Cervix

1) ____________________

2) ____________________

3) ____________________

4) ____________________

c. Fundus of uterus

1) ____________________

2) ____________________

d. Ovaries

1) ____________________

2) ____________________

3) ____________________

4) ____________________

5) ____________________

13. State nursing interventions for the treatment of cancer of the female reproductive tract.

a. ____________________

____

b. ____________________

____

c. ____________________

____

d. ____________________

____

TEST

e. ____

____

14. Match to their correct descriptions structural disorders of the female reproductive tract. Write the correct numbers in the blanks.

_____a.	Abnormal tubelike passage from vagina to a free surface or another cavity	1.	Prolapse
_____b.	Downward displacement of bladder into vagina	2.	Vaginal fistula
_____c.	Herniation of rectum into vagina	3.	Cystocele
_____d.	Downward displacement of uterus into vagina	4.	Rectocele

15. Identify according to their symptoms and interventions structural disorders of the female reproductive tract. Write the correct names in the blanks.

Vaginal fistula **Cystocele** **Prolapse** **Rectocele**

Disorder	Symptoms	Interventions
a. ____________	Urgency Pressure in introitus Dyspareunia	Assist in insertion of pessary if prescribed Maintain patient flat in bed until surgical intervention if third degree prolapse occurs Provide pre- and postoperative care if repair is indicated
b. ____________	Continuous leakage of urine through vagina if ureters or bladder is involved Passage of feces and flatus through vagina if bowel is involved Continuous excoriation of vaginal walls and vulva Malodorous discharge	Keep patient clean and dry Provide pre- and postoperative care as indicated if surgery can be performed
c. ____________	Feeling of pressure in pelvis Obvious bulging of bladder in vaginal orifice Incontinence Frequency Urgency	Teach patient perineal exercises in early stage Assist in insertion of pessary if prescribed Provide pre- and postoperative care if anterior colporrhaphy is done

TEST

Disorder	Symptoms	Interventions
d. ____________	Constipation Bearing down feeling in introitus Difficulty in defecating Incontinence of flatus and fecal material Disappearance of symptoms when patient assumes recumbent position	Encourage bed rest Administer perineal care after patient voids or defecates Apply anesthetic sprays Apply local ice pack Provide pre- and postoperative care if posterior colpoplasty is used to repair vaginal wall

16. Match to their correct descriptions surgical procedures used to treat diseases and disorders of the female reproductive tract. Write the correct numbers in the blanks.

_____a. Removal of fallopian tube

_____b. Removal of ovary

_____c. Removal of uterus, either vaginally or abdominally

_____d. Removal of uterus, leaving cervix in place

_____e. Removal of uterus and cervix

_____f. Removal of vulva

_____g. Suture of perineum to repair torn tissue

_____h. Opening and draining of an abscess or cyst

_____i. Reconstruction of the breast, using prosthetic implants or flaps constructed of patient's own tissues

_____j. Increase or addition of breast tissue

1. Colporrhaphy
2. Salpingectomy
3. Subtotal hysterectomy
4. Oophorectomy
5. Vulvectomy
6. Total hysterectomy
7. Hysterectomy
8. Incision and drainage
9. Breast augmentation
10. Mammoplasty

17. State nursing interventions for giving care to a patient undergoing a surgical procedure to treat a disease or disorder of the female reproductive tract.

a. ____

____

b. ____

____

TEST

c. ______________________________

____

d. ______________________________

____

e. ______________________________

____

f. ______________________________

____

g. ______________________________

____

h. ______________________________

____

i. ______________________________

____

18. Match diseases and disorders of the breast to their correct descriptions. Write the correct numbers in the blanks.

_____a. Formation of fibrotic tissue that blocks ducts in breasts, causing masses to form

_____b. Formation of firm, round, movable, painless benign tumors in breast

_____c. Formation of carcinoma of breast ducts that converge in nipple or areola; may spread to larger ducts

_____d. Formation of malignant tumors in breast tissue

_____e. Formation of an infected lesion within breast tissue

1. Fibroadenomata
2. Breast abscess
3. Paget's mammary disease
4. Chronic cystic mastitis
5. Carcinoma of breast

TEST

19. Identify diseases and disorders of the breast according to their symptoms and interventions. Write the correct names in the blanks.

Chronic cystic mastitis	**Carcinoma of breast**
Fibroadenomata	**Breast abscess**
Paget's mammary disease	

Disease or Disorder	Symptoms	Interventions
a. ____________ ____________	Noticeable lumps in breast tissue	Encourage patient to have routine breast examinations Teach patient to perform breast examination Provide pre- and postoperative care if surgical removal is needed
b. ____________ ____________	Tenderness Dusky red color of tissue Purulent discharge from nipple "Orange peel" appearance of skin	Apply warm, moist dressings to area Obtain sample of discharge for culture Administer prescribed antibiotics and analgesics Assist with incision and drainage of area Use aseptic technique in all patient care
c. ____________ ____________	Nontender lump in upper outer quadrant of breast in early stages Dimpling or "orange peel" appearance of skin Retraction of nipple Breast becoming fixed on chest wall, with nodules in axillary region Discharge from breast	Assist with care following chemotherapy as needed Provide pre- and postoperative care as needed for various types of surgical removal of affected tissue Provide emotional support Teach postmastectomy exercises if needed
d. ____________ ____________	Mild eczema over nipple in first stage Ulcerations and retraction of nipple "Orange peel" appearance of skin	Encourage patient to see physician when first symptoms appear Provide pre- and postoperative care for mastectomy Provide emotional support

TEST

Disease or Disorder	Symptoms	Interventions
e. ______________ ______________	Movable lumps in breast tissue Tenderness or pain one to two days before menstruation	Teach patient to perform breast examination and to distinguish cystic formation from tumors Encourage patient to have routine breast examinations Provide pre- and postoperative care if surgical removal of tissue is needed

20. State nursing interventions for caring for the patient undergoing a mastectomy.

a. ______________________________

b. ______________________________

c. ______________________________

d. ______________________________

e. ______________________________

f. ______________________________

g. ______________________________

h. ______________________________

i. ______________________________

j. ______________________________

k. ______________________________

l. ______________________________

m. ______________________________

n. ______________________________

21. Select from the following list symptoms of benign prostatic hypertrophy. Write an "X" in the blank before each correct answer.

_____a. Polyuria

_____b. Difficulty in voiding

_____c. Urgency and frequency

TEST

_____d. Nocturia

_____e. Hemophthisis

_____f. Cystitis symptoms

22. Match to their correct descriptions common surgical procedures used to treat benign prostatic hypertrophy. Write the correct numbers in the blanks.

_____a. Removal of prostate gland through an abdominal wound and an opening into bladder

_____b. Removal of prostate gland through an incision in perineum

_____c. Removal of prostate gland through a low abdominal incision between pubic arch and bladder

_____d. Removal of prostate gland through the urethra to prostate, using an endoscopic instrument

_____e. Removal of prostate gland, using a transurethral probe and liquid nitrogen

1. Perineal prostatectomy
2. Cryosurgery
3. Retropubic prostatectomy
4. Subrapubic prostatectomy
5. Transurethral resection

23. State nursing interventions for caring for the patient undergoing a transurethral resection.

a. ______________________________

b. ______________________________

c. ______________________________

d. ______________________________

e. ______________________________

f. ______________________________

g. ______________________________

h. ______________________________

i. ______________________________

TEST

24. State nursing interventions for caring for patients with cancer of the prostate.

a. ______________________________

b. ______________________________

c. ______________________________

d. ______________________________

e. ______________________________

f. ______________________________

g. ______________________________

25. Match to their correct descriptions infectious diseases and disorders of the male reproductive tract. Write the correct numbers in the blanks.

_____a.	Infection of epididymis	1. Orchitis
_____b.	Inflammation of testis	2. Epididymitis
_____c.	Inflammation of prostate gland	3. Prostatitis

26. Identify according to their symptoms and interventions infectious diseases and disorders of the male reproductive tract. Write the correct names in the blanks.

Epididymitis and orchitis **Prostatitis**

Disease or Disorder	Symptoms	Interventions
a. ____________ ____________	Fever Chills Pain in back, rectum, and perineum Dysuria Nocturia Possible discharge	Collect urine specimen for culture and sensitivity Administer prescribed antibiotics and analgesics Maintain bed rest Instruct patient to avoid alcohol and coffee Give sitz baths as ordered Use medical aseptic technique
b. ____________ ____________	Chills Fever Pain and tenderness in scrotum Swelling of testis and epididymis	Maintain strict bed rest in early stage Elevate scrotum and apply an ice bag Administer prescribed antibiotics and analgesics Encourage intake of fluids

TEST

27. Match to their correct descriptions other diseases and disorders that affect the penis and testes. Write the correct numbers in the blanks.

_____a. Narrowing of foreskin so that it cannot be retracted over glans penis

_____b. Uncontrolled persistent erection of the penis

_____c. Collection of fluid in the tunica vaginalis of the testicle or along the spermatic cord

_____d. Abnormal dilation of veins of venous plexus in scrotum

_____e. Malignant growth in the testis

1. Hydrocele
2. Priapism
3. Testicular carcinoma
4. Phimosis
5. Variocele

28. State nursing interventions for caring for vasectomy patients.

a. ____

b. ____

c. ____

d. ____

e. ____

f. ____

29. Match sexually transmitted diseases (STD) to their correct descriptions. Write the correct numbers in the blanks.

_____a. Contagious inflammation of genital mucous membrane

_____b. Acute and chronic infectious disease beginning with one lesion and spreading throughout the body

_____c. Infectious viral disease appearing as painful, raised areas in clusters on mucous membranes

_____d. Contagious disease that lowers resistance to specific other diseases because of a defect in cellular immune functions

1. Acquired immune deficiency syndrome (AIDS)
2. Gonorrhea
3. Syphilis
4. Herpesvirus II
5. Nonspecific urethritis (NSU)

TEST

______e. Acute nongonococcal inflammation of urethra

30. Identify sexually transmitted diseases (STD) according to their symptoms and interventions. Write the correct names in the blanks.

Gonorrhea	**Herpesvirus II**
Syphilis	**Acquired immune deficiency syndrome (AIDS)**
Nonspecific urethritis (NSU)	

Disease	Symptoms	Interventions
a. ______________ ______________	*Primary stage (three weeks after transmission)—* Painless lesion (chancre on genitalia, inside the wall of vagina, nipple, or mouth) Headache Enlarged lymph nodes near chancre Positive serology test *Secondary stage (six weeks after initial infection)—* Skin rash Condylomas around anus or mouth Fever Headache Malaise Sore throat Alopecia Generalized enlargement of lymph nodes *Tertiary stage—* Gummas in skin, bones, liver, larynx, and testes Endocarditis Arthritis Meningitis Blindness	Administer prescribed antibiotics Encourage follow-up Provide counseling for patients and all sexual contacts Treat latent complications symptomatically
b. ______________ ______________	Weight loss Chronic generalized enlargement of lymph nodes Malaise Vesicular lesion on vulva, perineum, vagina, and cervix in women, and on penile shaft, prepuce, glans penis, scrotum, and perineum in men Dysuria Swelling of lymph glands	Assist with diagnostic tests Administer prescribed medications Give symptomatic care as indicated for associated disease Take precautions when handling secretions, excretions, and especially blood Give supportive care Provide counseling for patient and all sexual contacts

TEST

Disease	Symptoms	Interventions
c. ____________ ____________	*Female—* Asymptomatic in early stages Menstrual disturbances Pain as infection spreads upward Sterility *Male—* Burning and pain on urination Yellowish purulent discharge Epididymitis, prostatitis, and infection of seminal vesicles as infection spreads Sterility *Both—* Fever Chills Malaise	Assist with diagnostic tests Administer prescribed antibiotic Provide counseling for patient and all sexual contacts
d. ____________ ____________	Painful, raised areas appearing in clusters on mucous membranes Fever Malaise Feeling of heaviness of vulva in women	Assist with diagnostic tests to determine the type of organism Administer prescribed medications Instruct patient concerning sexual activity during active phase of disease Encourage follow-up visits to physician Provide counseling to pregnant women Provide counseling for patient and all sexual contacts
e. ____________ ____________	Urethral discharge varying from slightly mucoid to profusely purulent Dysuria in some cases Nonsymptomatic in some men	Assist with diagnostic tests to determine type of organism Administer prescribed antibiotics Use aseptic technique

TEST

31. Match to their correct descriptions diseases and disorders of the reproductive system that specifically affect the pediatric patient. Write the correct numbers in the blanks.

______a. Congenital abnormal opening of male urethra on underside of penis

______b. Congenital abnormal opening of male urethra on dorsal surface of penis

______c. Congenital failure of one or both testes to descend into scrotal sac

______d. Severe purulent conjunctivitis in newborn, usually transmitted to infant during delivery by contact with infected birth canal

______e. Infectious, chronic, venereal disease transmitted to infant in utero through the bloodstream

______f. Infectious viral disease that may be transmitted to infant in utero or may be transmitted during delivery by contact with infected birth canal

1. Epispadias
2. Herpesvirus II
3. Cyptorchidism
4. Hypospadias
5. Ophthalmia neonatorum
6. Syphilis

32. Identify according to their symptoms and interventions diseases and disorders of the reproductive system that specifically affect the pediatric patient. Write the correct names in the blanks.

Hypospadias
Epispadias
Cryptorchidism

Ophthalmia neonatorum
Syphilis in newborn
Herpesvirus II

Disease or Disorder	Symptoms	Interventions
a. ______________ ______________	Skin erruptions of rose spots Blebs on soles and palms Snuffles Ulcerations around anus and mouth	Assist with laboratory diagnostic tests Isolate infant Administer prescribed antibiotics
b. ______________ ______________	Obvious opening of urethra on underside of penis Chordee of penis	Instruct parents in care of infant Provide pre- and postoperative care during phases of reconstructive surgery
c. ______________	Blindness	No treatment

TEST

Disease or Disorder	Symptoms	Interventions
d. ____________ ____________	*Mild*— Asymptomatic to obvious lesion(s) *Severe*— Fever Septicemia Cardiovascular and respiratory failure	Administer prescribed antiviral agents Give supportive care
e. ____________ ____________	Palpation of undescended testes	Administer prescribed hormones Provide pre- and postoperative care when an orchidopexy is indicated Instruct parents in care of child following procedure
f. ____________ ____________	Obvious opening of urethra on dorsal side of penis	Instruct parents in care of infant Provide pre- and postoperative care during phases of reconstructive surgery

(NOTE: Test questions 33 and 34 list the assignment and job sheets. They are an important part of this test. If they have not been completed, check with your instructor.)

33. Plan care for patients with diseases and disorders of the reproductive system.

34. Demonstrate the ability to teach postmastectomy exercises.

ASSESSMENT AND MANAGEMENT OF DISEASES AND DISORDERS OF THE REPRODUCTIVE SYSTEM
UNIT XIII

ANSWERS TO TEST

1. a. 5
   b. 1
   c. 3
   d. 4
   e. 6
   f. 2
   g. 7

2. a. Menstrual disturbances
   b. Infectious and venereal diseases
   c. Benign and malignant growths
   d. Structural disorders

3. a. 1
   b. 2
   c. 8
   d. 10
   e. 4
   f. 3
   g. 6
   h. 9
   i. 7
   j. 5

4. a. Check physician's orders
   b. Prepare patient as indicated by physician or according to hospital policies
   c. Make sure that consent forms are completed following hospital policies
   d. Explain or reinforce physician's explanation of procedure to patient
   e. Prepare and send specimens according to hospital policy
   f. Document procedures and patient's response
   g. Give postoperative care as ordered
   h. Check for bleeding after procedure if indicated

ANSWERS TO TEST

5. a. 2 c. 4
   b. 3 d. 1

6. a. 4 d. 1
   b. 5 e. 2
   c. 3

7. a. Endometritis
   b. Vaginitis
   c. Toxic shock syndrome
   d. Cervicitis
   e. Pelvic inflammatory disease (PID)

8. b, c, e, f, g, h, j, m, n, o

9. a. Obtain a complete history concerning menstrual cycle and occurrence of symptoms
   b. Assist with diagnostic procedures
   c. Administer hormone therapy as prescribed
   d. Advise patient of side effects of medication and how to prevent or treat them
   e. Provide pre- and postoperative care of patient for surgical removal of adhesions, ectopic tissue, or reproductive organs as needed

10. a. 3
    b. 1
    c. 2

11. a. Ovarian cyst
    b. Myoma (fibroid tumor)
    c. Bartholin's cyst

ANSWERS TO TEST

12. a. Vulva
    1) Pruritis
    2) Bloody discharge
    3) Enlarged adjacent lymph nodes
    4) Ulceration
    5) Edema
    6) Appearance of a mass
    7) Severe pain

    b. Cervix
    1) Bleeding or spotting after slight trauma (douching or intercourse)
    2) Bloody, malodorous discharge
    3) Pain in last stages
    4) Abnormal Pap smear

    c. Fundus of uterus
    1) Metrorrhagia
    2) Feeling of pressure if mass is untreated

    d. Ovaries
    1) Irregular menses
    2) Increasing premenstrual tension
    3) Menorrhagia
    4) Swelling in affected area
    5) Pain

13. a. Provide emotional support for patient and family throughout illness

    b. Provide pre- and postoperative care for the patient treated by surgical removal of affected organs

ANSWERS TO TEST

c. Maintain safe environment for patient, family, and nurse if radiation implants are used in treatment

d. Encourage healthy regimen, including good diet, adequate rest, and exercise as allowed

e. Instruct patient and family in home care and follow-up as indicated by physician

14. a. 2
b. 3
c. 4
d. 1

15. a. Prolapse
b. Vaginal fistula
c. Cystocele
d. Rectocele

16. a. 2
b. 4
c. 7
d. 3
e. 6
f. 5
g. 1
h. 8
i. 10
j. 9

17. a. Obtain completed informed consent prior to procedure

b. Prepare patient as indicated by physician

c. Evaluate patient's and family's knowledge of the surgical procedure, and answer questions as needed

d. Reassure patient and explain what can be expected postoperatively

e. Follow postoperative orders in giving specific care following surgical procedures

f. Check for postoperative bleeding and assess loss

g. Assist patient in turning, coughing, and deep breathing at least every two hours

h. Encourage patient to perform passive leg exercises every two hours or as ordered

ANSWERS TO TEST

i. Give emotional support as needed to patients coping with changes in body image

18. a. 4 d. 5

b. 1 e. 2

c. 3

19. a. Fibroadenomata

b. Breast abscess

c. Carcinoma of breast

d. Paget's mammary disease

e. Chronic cystic mastitis

20. a. Obtain completed informed consent prior to procedure

b. Provide emotional support to patient and family

c. Prepare patient for what to expect following the procedure

d. Prepare skin site as ordered by physician

e. Provide postoperative care as ordered by physician

f. Take vital signs as ordered

g. Check surgical dressing and gravity-flow drainage container for excessive drainage

h. Assist patient in turning, coughing, and deep breathing

i. To prevent edema, place patient in semi-Fowler's position, and elevate affected arm on a pillow with hand higher than elbow and elbow higher than shoulder, unless surgeon indicates another position

j. Administer medications as ordered

k. Assist patient in moving and exercising affected arm and shoulder as soon as allowed

l. Contact Reach to Recovery member to visit patient

ANSWERS TO TEST

m. Plan discharge with patient and family

n. Prepare patients who will have later breast augmentation

21. b, c, d, f

22. a. 4

b. 1

c. 3

d. 5

e. 2

23. a. Obtain completed informed consent prior to procedure

b. Prepare patient as ordered by physician

c. Check drainage collection system, and assess color and amount of drainage

d. Maintain a strict I & O, including amount of irrigation fluid used

e. Administer prescribed analgesics and antispasmodics to prevent straining and pain

f. Administer prescribed antibiotics

g. Explain to patient that there will be some urinary incontinence; teach perineal exercises until urinary control is gained

h. Provide adequate fluids to assist in rehydration and to prevent clot obstruction

i. Plan discharge care with patient and family

24. a. Give emotional support to patient and family

b. Assist in diagnostic tests to determine malignancy

c. Administer prescribed hormone therapy when appropriate

d. Provide pretreatment and posttreatment care for patients undergoing radiation or chemotherapy

e. Prepare patient for surgical removal of growth as ordered by physician

f. Provide pre- and postoperative care as ordered by physician

g. Obtain counseling for patient and family if needed

ANSWERS TO TEST

25. a. 2

b. 1

c. 3

26. a. Prostatitis

b. Epididymitis and orchitis

27. a. 4   d. 5

b. 2   e. 3

c. 1

28. a. Obtain completed informed consent prior to procedure

b. Prepare patient as indicated by physician

c. Answer all questions or refer questions to physician

d. Apply ice bags intermittently to side of or under scrotum to relieve discomfort and to reduce swelling; apply scrotal support

e. Check for bleeding at incisional site

f. Instruct patient in home care and follow-up

29. a. 2   d. 1

b. 3   e. 5

c. 4

30. a. Syphilis

b. Acquired immune deficiency syndrome (AIDS)

c. Gonorrhea

d. Herpesvirus II

e. Nonspecific urethritis (NSU)

ANSWERS TO TEST

31.	a. 4	d. 5
	b. 1	e. 6
	c. 3	f. 2

32.
a. Syphilis in newborn
b. Hypospadias
c. Ophthalmia neonatorum
d. Herpesvirus II
e. Cryptorchidism
f. Epispadias

33. Evaluated to the satisfaction of the instructor

34. Performance skills evaluated to the satisfaction of the instructor

ASSESSMENT AND MANAGEMENT OF DISEASES AND DISORDERS OF THE RESPIRATORY SYSTEM

UNIT XIV

UNIT OBJECTIVE

After completing this unit, the student should be able to plan and give care to patients with diseases and disorders of the respiratory system. The student will show this knowledge by completing the assignment sheet, job sheets, and unit test with a minimum score of 85 percent.

SPECIFIC OBJECTIVES

After completing this unit, the student should be able to

1. Define terms associated with diseases and disorders of the respiratory system.
2. List conditions that affect the respiratory system.
3. Match to their correct uses tests for diagnosing diseases and disorders of the respiratory system.
4. State nursing interventions for caring for patients undergoing tests to diagnose diseases and disorders of the respiratory system.
5. Match to their correct descriptions diseases and disorders of the upper respiratory system organs.
6. Identify according to their symptoms and interventions diseases and disorders of the upper respiratory system organs.
7. Select from a list nursing interventions for patients with epistaxis.
8. State nursing interventions for caring for patients undergoing surgical procedures for nose and throat.
9. State nursing interventions for caring for a patient with obstruction of the larynx.
10. List symptoms of cancer of the larynx.
11. Match to their correct descriptions surgical procedures used to treat cancer of the larynx.
12. State nursing interventions for caring for a patient with a laryngectomy.
13. Describe allergic conditions that affect the respiratory system.
14. Identify according to their symptoms and interventions allergic conditions that affect the respiratory system.

OBJECTIVE SHEET

15. Match to their correct descriptions infectious diseases that affect the lungs.

16. Identify according to their symptoms and interventions infectious diseases that affect the lungs.

17. Match to their correct descriptions noninfectious diseases and disorders that affect the lungs.

18. Identify according to their symptoms and interventions noninfectious diseases and disorders that affect the lungs.

19. List symptoms of lung cancer.

20. Describe diseases and disorders of the respiratory system that specifically affect the pediatric patient.

21. Identify according to their symptoms and interventions diseases and disorders of the respiratory system that specifically affect the pediatric patient.

22. Name surgical procedures used to treat diseases and disorders of the respiratory system.

23. State nursing interventions for caring for a patient undergoing chest surgery.

24. Select from a list nursing interventions for caring for a patient with closed drainage of the thoracic cavity.

25. Plan care for patients with diseases and disorders of the respiratory system.

26. Demonstrate the ability to
    a. Give tracheostomy care.
    b. Suction a tracheostomy patient.
    c. Deflate and inflate a cuffed tracheostomy or endotracheal tube.

ASSESSMENT AND MANAGEMENT OF DISEASES AND DISORDERS OF THE RESPIRATORY SYSTEM
UNIT XIV

SUGGESTED ACTIVITIES

I. Unit contents

- A. Objective sheet
- B. Suggested activities
- C. Information sheet
- D. Assignment Sheet #1 — Plan Care for Patients with Diseases and Disorders of the Respiratory System
- E. Answers to assignment sheet
- F. Job sheets
  1. Job Sheet #1 — Give Tracheostomy Care
  2. Job Sheet #2 — Suction a Tracheostomy Patient
  3. Job Sheet #3 — Deflate and Inflate a Cuffed Tracheostomy or Endotracheal Tube
- G. Test
- H. Answers to test

II. Instructor's guide

- A. Order materials to supplement unit.
  1. Films
     - a. *Smoker's Lungs*. Available from Centron Films, 1621 West Ninth Street, Box 687, Lawrence, Kansas 66044.
     - b. *Smoking/Emphysema: A Fight for Breath*. Available from CRM McGraw-Hill Films, 110 Fifteenth Street, Del Mar, California 92014.
  2. Filmstrips

     (NOTE: The following filmstrips are available from the Trainex Corporation, P.O. Box 116, Garden Grove, California 92642.)

     - a. *Asthma in Childhood: Diagnostic Testing*

SUGGESTED ACTIVITIES

b. *Asthma in Childhood: Prevention and Hyposensitization*

c. *Asthma in Childhood: Treatment, Blood Gases, Status Asthmaticus*

d. *Best Medicine for Ephysema is You*

e. *Care of the Patient in Acute Respiratory Failure*

f. *Care of the Patient with Emphysema*

g. *Care of the Patient with Water-Sealed Drainage*

h. *Care of Your Patient with Pneumonia*

i. *Chronic Pulmonary Diseases*

j. *Cystic Fibrosis*

k. *Introduction to Tracheostomy Care*

l. *IPPB Therapy: Use of the Birk MARK 7A Respirator*

m. *IPPB Therapy: Use of the Bennet PR-1 Ventilator*

n. *Nurse's Role in Tuberculosis*

o. *Pharyngeal Suctioning*

p. *Postural Drainage, Clapping, and Vibration*

q. *Tracheostomy Care*

r. *Tracheostomy Care—The Cuffed Tube*

B. Introduce the unit by emphasizing the importance of a healthy respiratory system as it affects all other systems.

SUGGESTION:

- Ask students to discuss the importance of adequate oxygenation in the functioning of the cardiovascular system.

C. Stress the harmful effects of environmental substances that affect the respiratory system.

D. Review the normal anatomy and physiology of the respiratory system.

SUGGESTION:

- Give unit test from *Practical Nursing: Volume I*, "The Respiratory System," to evaluate students' knowledge of the respiratory system.

SUGGESTED ACTIVITIES

E. Provide students with objective sheet.

F. Discuss unit and specific objectives.

G. Provide students with information, assignment, and job sheets.

H. Discuss information, assignment, and job sheets.

1. Review Information Sheet, Sections I through IV, stressing the importance of preparing the patient for diagnostic tests and the nurse's responsibilities in noting abnormalities.

   SUGGESTIONS:

   - Obtain permission for students to observe a laryngoscopy or bronchoscopy.
   - Take a field trip to an allergy clinic to observe allergy tests being performed.
   - Discuss abnormal and normal values and the difference of each in respiratory diseases.

2. Review nose and throat assessment techniques needed to diagnose diseases and disorders of the upper respiratory system organs. Use Information Sheet, Sections V and VI.

   SUGGESTION:

   - Review the method of taking throat cultures and checking the throat and nose.

3. Review techniques in caring for patients with epistaxis as outlined in Information Sheet, Section VII.

   SUGGESTION:

   - Have students practice on classmates the technique for stopping epistaxis.

4. Stress the importance of observing for excessive bleeding following nose and throat surgery as outlined in information Sheet, Section VIII.

   SUGGESTION:

   - Demonstrate methods of checking for hemorrhage.

SUGGESTED ACTIVITIES

5. Discuss Information Sheet, Section IX, and review emergency techniques in caring for a patient with an obstructed larynx.

   SUGGESTIONS:

   - Review symptoms of allergic reactions and nursing interventions for such reactions.
   - Practice the Heimlich maneuver, used in the removal of foreign objects from the throat.

6. Discuss Information Sheet, Sections X through XII. Emphasize the importance of the psychological effects on patients with surgical removal of the larynx and the early detection of cancer of the larynx.

   SUGGESTIONS:

   - Invite a representative from the Laryngectomy Club to speak to the class concerning giving physical and psychological care to the laryngectomy patient.
   - Use Job Sheets #1 through #3 to prepare students to perform skills needed to care for respiratory patients.

7. Discuss Information Sheet, Sections XIII and XIV. Stress the importance of determining the allergen in the treatment of allergic conditions that affect the respiratory system.

   SUGGESTION:

   - Rotate students through an allergy clinic, if possible, and assist with skin testing.

8. Discuss Information Sheet, Sections XV through XIX. Stress the importance of early detection and treatment of lung disease to avoid irreversible damage to tissue.

   SUGGESTIONS:

   - Show to class pictures of diseased lungs obtained from medical-surgical texts.
   - Show filmstrips *Care of Patient with Emphysema*, *Care of Your Patient with Pneumonia*, *Chronic Pulmonary Diseases*, and *The Nurse's Role in Tuberculosis*.
   - Ask inhalation therapist to demonstrate postural drainage promotion techniques to students. Provide time for students to practice those techniques. Show filmstrip *Postural Drainage, Clapping, and Vibration*.
   - Have class sponsor a "Cold Turkey" quit-smoking campaign in the community.

SUGGESTED ACTIVITIES

9. Emphasize the information outlined in Information Sheet, Sections XX and XXI, stressing that early diagnosis and treatment of diseases and disorders of the respiratory system in the pediatric patient are necessary to prevent more serious damage of the system.

   SUGGESTION:

   - Show filmstrips *Cystic Fibrosis; Asthma in Childhood: Diagnostic Testing; Asthma in Childhood: Treatment, Blood Gases, Status Asthmaticus*.

10. Localize information outlined in Information Sheet, Sections XX through XXIV to prepare students to give care to patients undergoing surgery to treat diseases and disorders of the respiratory system.

    SUGGESTIONS:

    - Obtain permission for students to observe surgical procedures and to care for respiratory patients.
    - Show filmstrips *Care of the Patient with Water-Sealed Drainage, Introduction to Tracheostomy Care, Tracheostomy Care*, and *Tracheostomy Care — the Cuffed Tube*.
    - Have students complete Assignment Sheet #1 so that they may practice planning care for patients with respiratory conditions.
    - Ask in-service to demonstrate the use of the sealed chest-drainage device used in that facility. Allow students to practice using the equipment.

I. Give test.

J. Reteach and retest if necessary.

III. Unit references

A. Brunner. Lillian Sholtis, and Doris Smith Suddarth. *The Lippincott Manual of Nursing Practice*, 3rd ed. Philadelphia: J. B. Lippincott Company, 1982.

B. Rogers, Helen V. *Nursing III: A Course of Study*. Stillwater, Oklahoma: State Department of Vocational and Technical Education/Curriculum and Instructional Materials Center, 1976. 1976.

C. Rosdahl, Caroline Bunker. *Textbook of Basic Nursing*, 3rd ed. Philadelphia: J. B. Lippincott Company, 1981.

D. Scherer, Jeanne C. *Introductory Medical-Surgical Nursing*, 3rd ed. Philadelphia: J. B. Lippincott Company, 1982.

E. Whaley, Lucille F., and Donna L. Wong. *Essentials of Pediatric Nursing*. St. Louis: C. V. Mosby Company, 1982.

ASSESSMENT AND MANAGEMENT OF DISEASES AND DISORDERS OF THE RESPIRATORY SYSTEM
UNIT XIV

INFORMATION SHEET

I. Terms associated with diseases and disorders of the respiratory system

A. Epistaxis — Hemorrhage from the nose; nosebleed

B. Hemoptysis — Expectoration of blood arising from the oral cavity, larynx, trachea, bronchi, or lungs

C. Hypoxemia — Insufficient oxygenation of the blood

D. Subcutaneous emphysema — Accumulation of air or gas trapped in subcutaneous tissues

(NOTE: This condition occurs in a variety of respiratory diseases and disorders. The air can be felt, and a "crackling" sound can be heard when assessment is made.)

II. Conditions that affect the respiratory system

A. Infections

EXAMPLES: Rhinitis, pharyngitis, tonsillitis, bronchitis

B. Obstructions

EXAMPLES: Polyps, deviated nasal septum, pulmonary embolism

C. Trauma

EXAMPLES: Chest wounds, nasal fracture

D. Allergies

EXAMPLE: Hay fever

E. Cancer

EXAMPLES: Of larynx, of lung

III. Uses of tests for diagnosing diseases and disorders of the respiratory system

A. Culture and sensitivity — Used to determine type of bacteria and type of drug needed to combat growth

(NOTE: Nasal and throat specimens may be taken for culture and sensitivity tests.)

INFORMATION SHEET

B. Sinus x-ray series — Used to visualize sinuses without the use of a radiopaque medium

C. Laryngoscopy — Used to visualize larynx through a scope; specimens of tissue may be obtained with this procedure

(NOTE: The patient may be sedated and a topical anesthetic used before the scope is inserted. The nurse's main responsibilities after the procedure are to make sure that the patient's gag reflex has returned before offering fluids and to observe for symptoms of bleeding if a biopsy has been performed.)

D. Allergy tests — Used to determine sensitivity to allergens

E. Bronchoscopy — Used to visualize the bronchi through a scope; tissue specimens may be obtained with this procedure

F. Chest x ray — Used to visualize the lungs without the use of a radiopaque medium

(NOTE: CAT scans and ultrasound may be used to detect the presence of masses or chronic diseases.)

G. Blood gases — Used to determine type and amount of gases in the blood

(NOTE: Blood gas values assist the nurse in assessing the patient's respiratory status. The most common values include the $Pa0_2$ [also written as $P0_2$], which represents the partial pressure of oxygen in the arterial blood, and the $PaC0_2$, [also written as $PC0_2$], which represents the partial pressure of carbon dioxide in the arterial blood. The normal $P0_2$ is 80 mm Hg, and the normal $PC0_2$ is 38 mm Hg to 42 mm Hg. The nurse must be aware of changes in blood gases plus the observable symptoms of the patient in determining the respiratory status.)

H. Sputum specimen — Used to determine contents of sputum

(NOTE: Respiratory diseases affect the appearance of the sputum. The amount, color, and consistency should be noted and recorded before the specimen is sent to the laboratory for study.)

I. Pulmonary function tests — Used to determine general respiratory status

(NOTE: Tests such as tidal volume determination are used to measure the amount of air taken in and given out in one breath.)

J. Tuberculin tests — Used to determine the presence of tuberculin organisms within the body

(NOTE: The Mantoux and tine tests are commonly performed for this purpose.)

INFORMATION SHEET

K. Thoracentesis — Used to examine fluid in the chest cavity; obtained through surgical puncture of chest wall with a large-bore needle

IV. Nursing interventions for caring for patients undergoing tests to diagnose diseases and disorders of the respiratory system

(NOTE: Specific interventions are outlined for various procedures, according to physician's orders and facility's policies. Make sure that you check the procedure book for this information.)

A. Explain procedure to patient, or reinforce physician's explanation

B. Obtain completed informed consent form prior to procedure

(NOTE: Some of the procedures will require that a consent form be signed by the patient. Become familiar with the policies in your facility.)

C. Prepare patient as indicated by the physician or by facility policy

EXAMPLE: Patients may be given sedatives or other medication before procedures.

D. Observe patient for untoward effects after specific procedures

(NOTE: Before they are allowed fluids, patients should be fully awake and able to swallow after a scoping procedure.)

E. Document the procedure and the results as needed

V. Diseases and disorders of the upper respiratory system organs

A. Nose

1. Acute rhinitis — Inflammation of mucous membrane of the nose

(NOTE: Rhinitis is often seen as a symptom of an allergic reaction. It is also seen in viral rhinitis in conjunction with the common cold.)

2. Coryza — Inflammation of mucous membranes of nose, resulting in sneezing, nasal congestion, and rhinitis with discharge

3. Sinusitis — Inflammation of sinuses

(NOTE: Sinusitis is usually caused from infection that spreads from the nasal passages to the sinuses. Infection in the frontal sinuses can be dangerous if it spreads to the brain.)

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4. Polyps — Grapelike swellings that may be caused from chronic irritation

5. Deviated septum — Obstruction of nasal passages due to irregularities in bone and cartilage

6. Hypertrophied adenoids — Obstruction of nasal passages due to swelling and growth of adenoids

B. Throat

1. Strep throat — Infection of throat due to streptococcal organism

   (NOTE: Patients need to be reminded that young children with repeated strep throats may develop rheumatic fever if not treated early.)

2. Acute pharyngitis — Inflammation of pharynx

   (NOTE: Chronic pharyngitis is usually due to dusty working environment; habitual use of tobacco; or respiratory, pulmonary, or cardiac disease.)

3. Tonsillitis — Inflammation of tonsils

4. Laryngitis — Inflammation of larynx

5. Diphtheria — Acute infectious disease that causes a false membrane to form on any mucous surface, especially on the throat

   (NOTE: Children should be immunized against diphtheria at a very early age.)

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VI. Symptoms and interventions for diseases and disorders of the upper respiratory system organs (Table 1)

TABLE 1

Disease/Disorder	Symptoms	Interventions
Nose		
Acute rhinitis and coryza	Nasal discharge (NOTE: The type of discharge will depend on the cause. A bacterial infection may cause a watery discharge.) Swelling of nasal membranes Sneezing Low-grade fever Itching of eyes and nose if allergic reaction	Assist in determining cause (NOTE: Assess reason through patient history, assessment of symptoms, or allergy tests.) Caution patient not to blow nose too hard or too frequently Instruct patient in use of vasoconstricting drops or sprays Treat symptomatically
Acute sinusitis	Pain in affected area (NOTE: The nurse needs to assess the area involved to determine where infection is located.) Headache Aching in teeth on affected side Nasal congestion Nasal discharge Malaise Low-grade fever	Encourage patient to maintain bed rest Instruct patient in use of prescribed oral decongestants or spray/drops
Chronic sinusitis	Persistent nasal discharge Nasal congestion Persistent cough due to drainage Headaches Fatigue	Instruct patient in use of steam or cool-mist vaporizer Encourage increased fluid intake Provide pre- and postoperative care if surgical incision and drainage are needed

INFORMATION SHEET

Disease/Disorder	**Symptoms**	**Interventions**
Polyps	Nasal obstruction due to growths Difficulty in breathing	Assess nasal passages Provide pre- and postoperative care if surgical removal is needed Instruct patient and family in home care and follow-up (NOTE: Often polyps will recur and surgery will be needed again.)
Deviated septum	Difficulty in breathing Chronic sinus infections Interference of normal drainage of nose or sinuses	Instruct patient in use of nasal decongestants Provide pre- and postoperative care if surgical repair is needed Instruct patient and family in home care and follow-up
Hypertrophied adenoids	Nasal obstruction Noisy respirations Mouth breathing Difficulty in swallowing Loss of hearing Frequent or chronic ear infections	Provide pre- and postoperative care Instruct patient and family in home care and follow-up
Throat		
Strep throat	Abrupt onset of sore throat Headache Anorexia Chills Fever Malaise Redness of throat and tonsils Exudate covering tonsils and pharynx Difficulty in swallowing	Obtain throat culture for C&S Administer prescribed antibiotics and analgesics Encourage increased fluid intake and a soft diet Encourage bed rest in acute stage Instruct patient in use of warm saline gargles Instruct patient in medical asepsis to prevent spread of infection Caution patient to avoid unnecessary chilling

INFORMATION SHEET

Disease/Disorder	Symptoms	Interventions
Acute pharyngitis	Redness of pharynx Swelling of lymphoid tissue, including tonsils Exudate from pharyngeal lymph glands Enlargement of cervical nodes Sore throat Fever	Administer prescribed antibiotics, analgesics, and antipyretics Instruct patient in medical asepsis to prevent spread of infection Instruct patient in use of warm saline gargles Encourage increased fluid intake Maintain bed rest during febrile stage
Chronic pharyngitis	Nasal congestion Cough, either dry or productive Increase in mucus in throat Difficulty in swallowing Intermittent fever	Encourage patient to change working environment Encourage patient to avoid smoking Instruct patient in use of nose drops or spray Administer prescribed antihistamines, analgesics, and antipyretics Maintain bed rest during febrile stages
Tonsillitis	Sore throat Fever Anorexia Muscle pain Headache Swollen cervical glands Malaise Pus or exudate from tonsils	Maintain bed rest during febrile stage Instruct patient in use of very warm saline gargles Encourage increased fluid intake Administer prescribed antibiotics, analgesics, and antipyretics Provide pre- and postoperative care if surgical removal is needed
Diphtheria	Swelling of throat Impaired breathing and swallowing White or gray false membrane in throat Rapid, thready pulse Moderate fever Headache Nausea	Isolate patient Assist in diagnosis by repeated throat cultures Administer injections of prescribed antitoxin Maintain bed rest Administer prescribed antibiotics Administer oxygen for cyanosis and dyspnea Increase humidity in unit

INFORMATION SHEET

Disease/Disorder	Symptoms	Interventions
Laryngitis	Hoarseness Cough Irritation of throat	Assist in diagnostic procedures to determine source Encourage patient to rest voice until treatment heals mucous membranes (NOTE: Required treatment depends on the source of the irritant.)

VII. Nursing interventions for patients with epistaxis

A. Place patient in a sitting position with head tilted slightly forward to prevent blood from draining down throat

B. Grasp patient's nose firmly between thumb and forefinger and apply firm pressure for a few minutes

C. Ask patient to breathe through the mouth

D. Apply cold compresses to bridge of nose to slow bleeding

E. Notify physician if bleeding continues or is severe

(NOTE: If bleeding is severe, nasal packs or catheters may be inserted to apply continuous pressure. In some cases, cauterization of bleeders may be required.)

VIII. Nursing interventions for caring for patients undergoing surgical procedures for nose and throat

A. Obtain completed informed consent form prior to procedure

B. Explain to patient what to expect following surgery

C. Prepare patient as ordered by physician

D. Be alert for any signs of postoperative hemorrhage from nose or throat

(NOTE: After nasal or throat surgery, some drainage is to be expected, but a flashlight should be used to assess bleeding from the throat, and nasal packs should be observed for excess bloody drainage. Vital signs, especially blood pressure and pulse, should be monitored.)

E. Warn patient not to blow nose

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F. Ask patient to spit out drainage so that amount, color, and consistency can be noted and so that nausea from swallowing blood can be prevented

G. Elevate head of bed to 45 degrees to decrease edema and to promote easier breathing

H. Give frequent oral care

I. Encourage fluids when allowed

J. Provide a liquid, a soft, and then a general diet as tolerated

(NOTE: Omit any red liquids that might be confused with bleeding.)

K. Give medications as ordered

IX. Nursing interventions for caring for a patient with obstruction of the larynx

(NOTE: Obstruction of the larynx is a serious, sometimes fatal condition. Patients may suffocate if the swelling or obstruction is not relieved.)

A. Allergic reactions

1. Administer epinephrin, 1:1000 subcutaneously, or adrenal corticosteroid as ordered

2. Apply an ice pack to the throat

3. Reassure patient

4. Monitor closely

B. Foreign objects

1. Assess patient's condition

(NOTE: If patient is coughing and able to speak, the object may be brought back up. If patient has become cyanotic and cannot speak, then manual removal may be necessary or the use of the Heimlich maneuver may accomplish dislodgement. If object has moved farther into the tract, a tracheostomy may need to be performed.)

2. Administer oxygen after dislodgement of object

3. Notify physician

4. Monitor patient closely

X. Symptoms of cancer of the larynx

A. Hoarseness

INFORMATION SHEET

B. Pain and burning in throat when drinking hot fluids

C. Obvious lump in neck

D. Dysphagia

E. Malodorous breath

F. Enlarged cervical nodes

G. Weight loss

H. General debility

I. Pain radiating to ear

XI. Descriptions of surgical procedures used to treat cancer of the larynx

(NOTE: The use of radiation has good results when only one cord has been affected. Radiation may be used preceding the surgical procedures listed below.)

A. Tracheostomy — Formation of an opening into trachea

(NOTE: A tracheostomy may be temporary or permanent. Tracheostomy may be performed in an emergency situation without anesthesia, but procedure is best done under sterile conditions with anesthesia. A tracheostomy is needed when the airway is obstructed due to edema or a foreign object, or when the patient is unconscious and cannot ventilate properly or cough productively.)

B. Partial laryngectomy — Removal of a portion of affected vocal cord through an incision into thyroid cartilage of larynx

C. Total laryngectomy — Removal of entire larynx, with or without a neck dissection of lymph nodes; results in a permanent tracheostomy

D. Total laryngectomy with laryngoplasty — Removal of entire larynx, followed by insertion into hypopharynx of a dermal tube made from the upper end of the trachea

(NOTE: With this procedure, the patient can exhale air up through the dermal tube into the pharyngeal cavity and produce speech that is more normal than esophageal speech.)

E. Supraglottic (horizontal) laryngectomy — Resection of larynx to remove affected part, leaving enough of larynx so that some function remains

INFORMATION SHEET

XII. Nursing interventions for caring for a patient with a laryngectomy (Job Sheets #1-#3)

A. Obtain completed informed consent form prior to procedure

B. Discuss procedure with patient and answer questions concerning the effects of surgery

(NOTE: The patient undergoing a laryngectomy is usually quite anxious about the procedure and the aftereffects. If a total laryngectomy is to be done, the patient should be prepared for loss of speech or told how communication will be affected.)

C. Explain to patient what to expect following surgery

D. Prepare patient as indicated by physician

(NOTE: Preparation includes thorough mouth care, antibiotics in some cases to reduce the possibility of infection, and possibly a preoperative shaving for men.)

E. Monitor vital signs closely following surgery

F. Assess respiratory status frequently

(NOTE: The patient may have a laryngectomy tube in place in addition to a nasogastric tube. A semi-Fowler's position may facilitate better breathing.)

G. Reassure patient to reduce stress and anxiety as much as possible

H. Suction trachea as ordered to remove secretions

I. Provide stoma care as ordered

J. Devise a communication system

K. Request a member of the Laryngectomy Club to visit patient as indicated by physician

L. Instruct patient and family in home care and follow-up

XIII. Descriptions of allergic conditions that affect the respiratory system

(NOTE: Treatment for asthma and allergic rhinitis depends on the causative factor.)

A. Asthma — Paroxysmal dyspnea accompanied by wheezing caused by spasms in the bronchial tubes or swelling of their mucous membranes

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B. Allergic rhinitis (hay fever) — Local reaction of nasal mucous membranes to various allergens in the environment

(NOTE: Allergic rhinitis may occur seasonally and be specifically due to pollens, or it may be due to immediate nonseasonal allergens such as dust, feathers, or animal fur.)

XIV. Symptoms and interventions for allergic conditions that affect the respiratory system (Table 2)

TABLE 2

Allergic Condition	Symptoms	Interventions
Asthma	Wheezing Sensation of suffocation Typical body position of sitting with body leaning slightly forward with arms at shoulder height Anxiety Coughing Cyanosis of lips and nailbeds Profuse diaphoresis (NOTE: Status asthmaticus occurs when symptoms or attacks are prolonged or recur in rapid succession.)	Administer prescribed bronchodilators Administer oxygen as ordered Instruct patient in use of hand nebulizer if ordered Provide steam or cool-air vaporizor to humidify inspired air Encourage increased fluid intake Administer prescribed tranquilizers and sedatives in acute stage to control anxiety Reassure patient and stay in room during acute attack Take a complete history of attacks and causative factors Caution patient to avoid any factors that might lead to respiratory infections Provide support to patient if stress is part of the cause of the attacks Instruct patient and family in home care and follow-up

INFORMATION SHEET

Allergic Condition	Symptoms	Interventions
Allergic rhinitis	Itching of nose, eyes, throat, and roof of mouth Sneezing Tearing from eyes Swelling of nasal mucosa Malaise	Assist with diagnostic tests to determine causative factor Caution patient to avoid diagnosed allergen Administer prescribed antihistamines or corticosteroids Administer desensitization injections as prescribed Instruct patient in needed changes in environment and follow-up care

XV. Descriptions of infectious diseases that affect the lungs

A. Bronchitis — Inflammation of mucous membrane of bronchial tubes

(NOTE: Acute bronchitis is most commonly caused by a viral infection. Chronic bronchitis is characterized by hypersecretions of mucus by the bronchial glands, as well as periods of recurrent respiratory infections.)

B. Bronchiectasis — Chronic infectious disease that results in changes in bronchiole walls, with saccular dilations of the bronchi filled with purulent material

C. Lung abscess — Localized area of suppuration that occurs due to aspiration of a foreign body of aspiration of respiratory secretions; may occur following pneumonia or mechanical obstruction of bronchi

D. Thoracic empyema — Formation of pus in thoracic cavity as a result of an infection

E. Pneumonia — Inflammation of lungs

(NOTE: Pneumonia is primarily caused by viral or bacterial organisms, but can be caused by chemical irritation. Streptococcus pneumoniae is the most common bacterial pneumonia. Mycoplasma pneumoniae is the main type of a typical pneumonia. Mycoplasms are small organisms surrounded by a triple-layered membrane without a cell wall. Pneumonia can be lobar, located in a specific lobe; or bronchial, located in the bronchi.)

F. Pleurisy — Inflammation of serous membrane that enfolds both lungs

(NOTE: Pleurisy may develop with pneumonia or upper respiratory infections, or after trauma to the lungs.)

G. Pulmonary tuberculosis — Infection of lungs caused by Mycobacterium tuberculosis

INFORMATION SHEET

H. Legionnaires disease — Acute respiratory infection caused by a gram-negative bacterium

(NOTE: A severe outbreak of this disease occurred in 1976, when the bacteria was introduced through filters of large air conditioners. The outbreak resulted in many deaths.)

XVI. Symptoms and interventions for infectious diseases that affect the lungs (Table 3)

TABLE 3

Disease	**Symptoms**	**Interventions**
Acute bronchitis	Dry, nonproductive cough that later becomes productive Fever Malaise	Obtain a sputum culture for diagnosis Administer prescribed antibiotics Maintain bed rest in acute phase Provide light diet with increased fluids Provide moist-air environment Instruct patient in medical asepsis if bacterial infection is causative factor
Chronic bronchitis	Persistent cough that becomes worse Thick, white mucoid sputum	Obtain patient history of symptoms, environment of home and work Assess respiratory status Encourage patient to change environment (NOTE: Smokers should be encouraged to quit, and patients who work in jobs where they are exposed to irritants should be encouraged to find employment elsewhere.)
Bronchiectasis	Productive cough Foul, greenish-yellow sputum Fatigue Loss of weight Halitosis Anorexia Hemoptysis	Obtain patient history of symptoms Obtain sputum specimens Administer prescribed antibiotics Provide moist air in environment Perform postural drainage as ordered Provide pre- and postoperative care if surgical removal of tissue is needed

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Disease	Symptoms	Interventions
Lung abscess	Chills Fever Productive cough with purulent or bloody sputum Weight loss Malaise Clubbing of fingers	Assist with drainage of abscess if needed Perform postural drainage as ordered Administer prescribed antibiotics Instruct patient in medical asepsis to prevent spread of infection
Thoracic empyema	Chest pain Dyspnea Fever	Assist with diagnostic tests (NOTE: A chest x ray and a thoracentesis may be done to determine area affected and the infecting organisms.) Administer prescribed antibiotics, analgesics, and antipyretics Assist with procedure to drain affected area Monitor drainage system if chest tubes or drains are in place Use aseptic technique in handling dressings containing drainage Encourage increased intake of fluids
Bacterial pneumonia	Sudden onset of chills Rapidly rising fever Stabbing chest pain Coughing Rapid respirations Rapid and bounding pulse Flushed cheeks, bright eyes, cyanotic nailbeds and lips Patient assumes position of lying on affected side with attempt to splint chest Diaphoresis Purulent sputum, sometimes tinged with blood	Obtain sputum specimen Administer prescribed antibiotics and antipyretics Maintain bed rest Monitor vital signs, especially temperature Provide high level of fluids Provide moist air in environment Encourage patient to cough while splinting abdomen Provide postural drainage Administer oxygen as ordered Observe for symptoms of complications, including hypotension, shock, and atelectasis

INFORMATION SHEET

Disease	Symptoms	Interventions
Mycoplasma pneumonia	Nonproductive cough Tightness in chest Generalized aching Tracheal pain when coughing Mucopurulent sputum Headache	Obtain sputum specimen Maintain bed rest Provide for warm moist inhalations Administer prescribed antibiotics Provide high level of fluids
Pleurisy	Severe, sharp, knife-like pain in affected area Obvious rub heard with stethoscope	Assist with diagnostic tests Treat underlying cause as indicated by physician Position on affected side to splint chest wall Administer prescribed analgesics Apply local warm or cold compresses Reassure patient during stages of acute pain
Tuberculosis	*Early—* Weight loss Fatigue Paleness Anorexia Slight cough Elevated fever in afternoon	Assist with diagnostic tests Obtain sputum specimen Take patient history of symptoms Administer prescribed medications Use aseptic technique in handling secretions Isolate patient in initial stage Educate patient and family in preventing spread of infection
	Later— Anorexia with indigestion Abdominal pain Productive cough Night sweats Rapid loss of weight and strength Hemoptysis	Provide pre- and postoperative care if surgical interventions are needed Provide nutritious diet, increased fluids, and nonstressful environment
Legionnaires disease	Mild headache Dry cough Profound malaise Rapidly rising fever Pleural pain Confusion Impaired renal function Rapid and difficult respirations	Assist with diagnostic tests Administer prescribed antibiotics Treat symptomatically

INFORMATION SHEET

XVII. Descriptions of noninfectious diseases and disorders that affect the lungs

A. Emphysema — Chronic pulmonary disease characterized by an increase beyond the normal size of air spaces distal to the terminal bronchioles, with destructive changes in bronchiole walls

(NOTE: *Chronic obstructive pulmonary disease* is used as an overall term to label conditions of patients with diseases or disorders that structurally destroy the alveolar sacs by overextension and rupture.)

B. Cor pulmonale — Hypertrophy or failure of right ventricle resulting from disorders of the lungs, pulmonary vessels, or chest walls

(NOTE: The most frequent cause of cor pulmonale is chronic obstructive pulmonary disease [COPD]. An insufficiency is caused from hypoxemia and hypercapnia. When this condition occurs, pulmonary hypertension causes the right side of the heart to enlarge.)

C. Pulmonary embolism — Obstruction of one or more pulmonary arteries by a thrombus

(NOTE: A thrombus begins somewhere in the venous system or in the right side of the heart, becomes dislodged, and is carried to the lung. An infarction may occur in the lung tissue due to the interruption of the blood supply.)

D. Pneumonoconiosis — Non-neoplastic disease of the lung resulting from exposure to inorganic dust

(NOTE: Silicosis is a chronic pulmonary disease caused by inhaling silica dust. Miners are exposed to this dust. Asbestosis is caused by inhaling asbestos dust that causes diffuse pulmonary fibrosis. Industrial workers are exposed to asbestos in a variety of job tasks.)

E. Atelectasis — Collapse of an alveolus or of multiple alveolar units resulting from pressure on lung tissue that restricts normal lung expansion on inspiration

(NOTE: Fluid accumulation within the thorax, air in the pleural space, an enlarged heart, or tumor growth can cause atelectasis.)

F. Pneumothorax — Collection of air or gas in pleural cavity

(NOTE: Hemothorax or blood in the cavity may be due to torn intercostal vessels or lacerations of the lung. Tension pneumothorax is due to air being drawn up into the pleural space and being trapped there, causing tension to build until the lung collapses. A sucking or penetrating wound in the chest and lung should be treated immediately. A clean cloth or the heel of the hand should be pressed to the wound to stop air from escaping.)

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XVIII. Symptoms and interventions for noninfectious diseases and disorders that affect the lungs (Table 4)

TABLE 4

Disease/Disorder	Symptoms	Interventions
Emphysema	Marked shortness of breath Chronic productive cough with large amounts of mucoid sputum Wheezing on expiration Dyspnea Pale and drawn appearance Fatigue Patient assumes sitting position, leaning slightly forward Speech of short, jerky sentences Distended neck veins during expiration Appearance of barrel chest in chronic condition Decrease in PO_2 and increase in PCO_2	Assist with diagnostic tests Take complete patient history Encourage a high fluid intake Provide moist air in environment Encourage patient to stop smoking if appropriate Instruct patient in use of nebulized medication Caution patient to avoid factors that may cause respiratory infections Administer prescribed bronchodilators Monitor administration of O_2 at 2 L Instruct patient in breathing exercises and physical conditioning Give supportive emotional assistance Educate patient and family in home care and follow-up
Cor pulmonale	Shortness of breath Cough Edema in feet and legs Distended neck veins Pleural effusion Ascites Enlarged liver Heart murmur Headache Confusion from anoxia	Assist in diagnostic tests (NOTE: Arterial gases are assessed frequently.) Administer prescribed bronchodilators Prevent secondary respiratory infections Observe for symptoms of cardiac failure Administer 0_2 as ordered for cyanosis Counsel patient to stop smoking, to avoid air pollutants, and to avoid factors that cause respiratory infections

INFORMATION SHEET

Disease/Disorder	Symptoms	Interventions
Pulmonary embolism	(NOTE: Symptoms depend on the size of the thrombus and the area affected.)	
	Massive— Sudden substernal pain Rapid and weak pulse Pronounced dyspnea Shock that can be fatal Syncope	Call for emergency assistance Begin 0_2 immediately Assist in starting IV infusion Administer prescribed medications Monitor vital signs frequently Monitor EKG strips Reassure patient
	Smaller occlusions— Dyspnea Fever Cough Hemoptysis Anxiety Weakness Tachycardia Frothy, pink sputum Pulmonary edema	Assist with diagnostic tests Assess respiratory status Administer prescribed anticoagulants and analgesics Provide pre- and postoperative care if surgical removal is needed Instruct patient and family in guidelines to follow when anticoagulants are being taken
Pneumonoconiosis	*Silicosis—* Dyspnea Productive cough with varying amounts of black fluid in sputum Anorexia *Asbestosis—* Hypoxemia Dyspnea Moderate chest pain Weight loss Anorexia	Counsel patients in environment changes Treat symptomatically
Atelectasis	Marked dyspnea Cyanosis Tachycardia Pleural pain Anxiety	Assist in removal of fluid or air if indicated Assist in removal of foreign object if indicated Turn patient frequently to stimulate cough Reassure patient

INFORMATION SHEET

Disease/Disorder	Symptoms	Interventions
Pneumothorax	Sudden chest pain Mild to severe dyspnea	(NOTE: Treatment depends on the cause for the collapse.) Assist in insertion of chest tubes Monitor chest drainage system Reassure patient Encourage patient to cough Monitor vital signs frequently

XIX. Symptoms of lung cancer

(NOTE: The treatment of lung cancer depends on the extent of the affected area.)

A. Productive cough of mucopurulent or blood-streaked sputum

B. Fatigue

C. Anorexia

D. Weight loss

E. Dyspnea

F. Chest pain

XX. Descriptions of diseases and disorders of the respiratory system that specifically affect the pediatric patient

A. Croup — Inflammation of larynx; characterized by hoarseness and a barking cough

(NOTE: Acute infections in the younger child are particularly dangerous because of the small diameter of the airway and the tendency of the inflammation to cause narrowing of the passage.)

B. Laryngotracheobronchitis — Inflammation of vocal cords and edema of surrounding tissue that causes obstruction of larynx

(NOTE: The cause of laryngotracheobronchitis is usually a viral infection.)

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C. Cystic fibrosis — Inherited disease of the exocrine glands affecting pancreas, respiratory system, and sweat glands

(NOTE: Cystic fibrosis is an inherited disease that causes an alteration in a protein, possibly an enzyme. The major characteristic is an increased viscosity of mucous gland secretions. There is also an elevation of sweat electrolytes and abnormalities in autonomic nervous system functioning. As a first symptom of the disease, parents may notice a salty taste when kissing affected children.)

XXI. Symptoms and interventions for diseases and disorders of the respiratory system that specifically affect the pediatric patient (Table 5; Assignment Sheet #1)

TABLE 5

Disease/Disorder	Symptoms	Interventions
Croup	Hoarseness Barking cough Laryngeal spasms Inspiratory stridor Rapidly rising heart rate if obstruction occurs	Maintain bed rest Provide a cool, humidified environment Provide steam from hot running shower for laryngeospasms Observe for obstructed airway Assess heart rate carefully Administer prescribed antibiotics for bacterial epiglottis
Laryngotracheobronchitis	Hoarseness Barking cough Inspiratory dyspnea Labored expirations Scattered rales Chest soreness Pallor Irritability and restlessness	Observe patient for respiratory distress with diminished breath sounds, tachycardia, and cyanosis Assist with diagnostic tests Maintain bed rest Provide emotional support and reassurance Promote postural drainage by changing patient's position frequently Administer prescribed medications

INFORMATION SHEET

Disease/Disorder	Symptoms	Interventions
Cystic fibrosis	Meconium ileus in newborn (NOTE: Meconium ileus is caused by a thick mucilaginous obstruction in the lumen of the small intestine, which produces abdominal distention, vomiting, failure to pass stools, and eventually dehydration and electrolyte disturbances.) Foul-smelling, large, loose stools Marked weight loss Anemia Prolapsed rectum Wheezy respirations Dry, nonproductive cough Dyspnea Recurrent respiratory infections Barrel-shaped chest Cyanosis and clubbing of fingers and toes Salty taste of skin secretions	Assist with diagnostic tests (NOTE: The main diagnostic test is performed to determine the amount of sweat chloride. The normal value is less than 40 mEq/liter. A value of 60 mEq/liter is diagnostic of cystic fibrosis.) Administer prescribed watermiscible A, D, and E vitamins Adminster prescribed pancreatic enzyme replacement medications Provide extra sodium to prevent depletion Provide postural drainage to promote removal of mucus from lungs Provide nebulization of moist air Administer prescribed expectorants and antibiotics Provide a low-fat diet Provide emotional support for child and parents Encourage parents to contact representatives from support group Educate child and parents for a healthy regime that promotes as normal a life as possible

XXII. Surgical procedures used to treat diseases and disorders of the respiratory system

A. Laryngectomy — Excision of larynx

B. Thoracotomy — Surgical incision into chest wall

C. Lobectomy — Surgical removal of a lobe of any organ or gland

D. Pneumonectomy — Removal of a lung

INFORMATION SHEET

XXIII. Nursing interventions for caring for a patient undergoing chest surgery (Assignment Sheet #1)

A. Maintain patent airway and assess respiratory status

B. Administer oxygen as ordered

C. Turn patient, assist with coughing and breathing exercises, suction as indicated

(NOTE: Instruct and assist patient in splinting chest when coughing.)

D. Check for any respiratory depression after giving narcotic analgesics

E. Monitor blood gases; be prepared to use ventilator if PO_2 decreases or PCO_2 increases

F. Check surgical dressings

G. Monitor any chest tubes and drainage bottles or suction equipment; check for swelling or leaking around chest tube site

H. Check and record intake and output hourly until patient is stabilized

(NOTE: Drainage output from chest tubes must be added to I & 0 in a separate area on form.)

(CAUTION: Do not open drainage bottles. Opening drainage bottles will cause trauma to the lungs.)

I. Assess vital signs as indicated, especially character of patient's respirations and color

J. Administer prescribed narcotics carefully to avoid causing respiratory depression

XXIV. Nursing interventions for caring for a patient with closed drainage of the thoracic cavity

A. Check carefully to determine whether there are any breaks in the closed system

B. Make sure that all connections of stoppers and tubing are taped

C. To prevent air from entering cavity, keep a clamp at bedside just in case a break in the system occurs

D. Make sure that bottle with chest drainage is never raised from floor level while still connected to patient

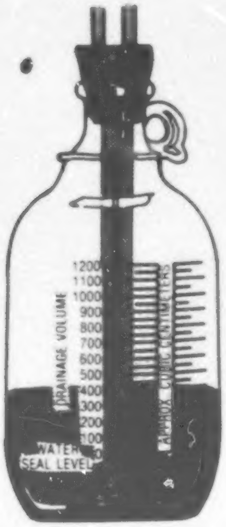
E. Make sure that bottles are labeled properly if two chest catheters and two bottles are used

INFORMATION SHEET

F. Make sure that bottle with tubing leading to patient has enough water to cover tube (Figures 1)

EXAMPLE:

FIGURE 1


DRAINAGE VOLUME
APPROX. CUBIC CENTIMETERS
1200
1100
1000
900
800
700
600
500
400
300
200
100
WATER SEAL LEVEL

G. Check to see whether drainage fluctuates in the tubing as inspiration and expiration occur

(NOTE: Bubbling in the tubing occasionally occurs if the system is working properly. In some of the newer systems, bubbling is a sign that the system is malfunctioning. Be familiar with the type of equipment used in your facility.)

H. Milk drainage tube from patient to drainage bottle if clogging is suspected and the procedure is allowed

I. If chest tube slips out, place a petroleum gauze square over insertion site immediately

J. Reassure patient that system is working properly

K. Document amount and appearance of all drainage

ASSESSMENT AND MANAGEMENT OF DISEASES AND DISORDERS OF THE RESPIRATORY SYSTEM
UNIT XIV

ASSIGNMENT SHEET #1 — PLAN CARE FOR PATIENTS WITH DISEASES AND DISORDERS OF THE RESPIRATORY SYSTEM

NAME ________________________________ SCORE ______________

The exchange of respiratory gases is necessary for life. To carry on all body functions, tissues must be fed oxygen, and waste products must be removed. Patients with respiratory dysfunction become anxious when this process is impaired. With respiratory distress and infection, children can become quite ill in a matter of hours. Nurses must be able to make astute observations and identify problems before they become life-threatening.

This assignment sheet provides you with two simulated case studies of patients with diseases and disorders of the respiratory system. You will need to recall some information already learned and to research some material that you will need to answer the questions. After completing the assignment, hand in to instructor for evaluation, or discuss in class.

Patient #1

Marcella Kirby, forty-six-year-old patient of Dr. Farha, has been admitted with a tentative diagnosis of a tumor mass in the right lung. The physician has ordered several tests to determine the exact location and type of growth.

A. Dr. Farha has ordered a cytologic examination of Ms. Kirby's sputum. What will the test determine?

____

____

B. Ms. Kirby has been scheduled for a bronchoscopy. She is quite apprehensive and asks you to explain the procedure. What would you tell Ms. Kirby?

____

____

____

C. What is one of the main concerns for the patient who has had a bronchoscopy?

____

____

ASSIGNMENT SHEET #1

D. Dr. Farha orders radiation therapy to the affected area of the lung to precede the surgical removal of the area. What is the main purpose of radiation therapy?

____

____

E. Ms. Kirby returns from surgery following a right lower lobectomy. Dr. Farha has ordered that Ms. Kirby should have tracheal suctioning prn. What type of assessment procedure would tell the nurse that suctioning is needed?

____

____

____

F. Why would the nurse question any large doses of narcotic analgesics being used for thoracic surgery patients?

____

____

____

G. Ms. Kirby has chest tubes both anterior and posterior for drainage of the chest cavity. As the nurse, what are your main concerns when managing this closed drainage system?

____

____

____

H. What type of equipment should be at the bedside at all times?

____

____

Patient #2

Justin Hall, a five-year-old patient of Dr. Shorter, has been admitted for upper respiratory infection. He was diagnosed two years ago as having cystic fibrosis.

A. Postural drainage has been ordered by Dr. Shorter. What is the primary reason for this procedure?

____

____

ASSIGNMENT SHEET #1

B. What type of stools would you expect Justin to have?

C. Why would you want to provide a humidified atmosphere for Justin?

D. Why is the summer weather hazardous to Justin's health?

E. What type of diet should Justin be given?

ASSESSMENT AND MANAGEMENT OF DISEASES AND DISORDERS OF THE RESPIRATORY SYSTEM
UNIT XIV

ANSWERS TO ASSIGNMENT SHEET

Assignment Sheet #1 (Suggested answers)

Patient #1

A. A cytologic examination of the sputum will determine the type of malignant cells.

B. An instrument with a lighted scope will be inserted through the throat after local administration of anesthetic. The scope will be passed down through the trachea and the bronchioles. The physician will then be able to view the thoracic organs.

C. After the patient returns from the bronchoscopy, the nurse should make sure that the gag reflex has returned and that the swallowing reflex has returned before giving any fluids orally.

D. The main purpose of radiotherapy is to reduce the size of the growth and to prevent further spread to other areas if possible.

E. The best procedure is auscultate for breath sounds. If mucus is collecting, the breath sounds will be noisy and moist.

F. Narcotic analgesics depress respiratory function.

G. The two main concerns are to make sure that the tubing that runs to the patient remains under water and is on the floor level and that the drainage system remains tight and intact without breaks in the system.

H. A padded hemostat or clamp and petroleum gauze should remain at bedside to use if closed system is broken or in case tube slips out.

Patient #2

A. Postural drainage with percussion is used to loosen viscous secretions that collect in the lungs.

B. Large, foul-smelling with a frothy appearance

C. A humidified atmosphere helps lubricate and dilute the viscous mucus that collects in the lungs.

D. Justin loses salt through his skin in hot weather. Sodium depletion can occur.

E. Justin will need a diet low in fats.

ASSESSMENT AND MANAGEMENT OF DISEASES AND DISORDERS OF THE RESPIRATORY SYSTEM
UNIT XIV

JOB SHEET #1 — GIVE TRACHEOSTOMY CARE

I. Equipment

  A. Trachea care tray

    1. Two small basins
    2. 4×4 all-gauze dressings
    3. Suture scissors
    4. Small-bristle brush
    5. Pipe cleaners
    6. Cotton twill tape
    7. Hemostat

  B. Cleansing solution

  C. Rinsing solution

  D. Disposable bag

  E. Sterile gloves

II. Procedure for cleaning

  A. Check physician's orders

  B. Collect equipment

  C. Identify patient and explain procedure

  D. Wash hands

  E. Provide privacy for patient

  F. Place patient in semi-Fowler's position

  G. Pour solutions into two basins

  (NOTE: Make sure to label basin for either cleaning or rinsing to keep separate.)

JOB SHEET #1

H. Open other equipment and set out on sterile area

I. Put on gloves

J. Remove inner cannula

(NOTE: The procedure for removal of the inner cannula will depend on the type of trach tube used. Be sure you understand the type of equipment being used and the specific instructions for care.)

K. Cleanse inner cannula

(NOTE: The cannula may be placed in the basin with the cleansing solution and cleaned with the brush and pipe cleaners to remove all mucus.)

L. Inspect inner cannula for remaining mucus

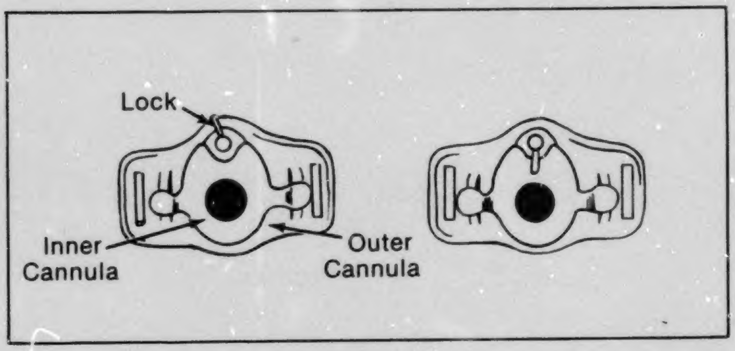
M. Rinse inner cannula in basin with rinsing solution

(NOTE: Suction takes place at this time if needed. See Job Sheet #2.)

N. Secure inner cannula in place (Figure 2)

(NOTE: The inner cannula fits snugly into the outer cannula. Turning the lock up with the finger makes it possible to remove the inner cannula for cleaning. Turning the lock down keeps the inner cannula securely in place. The inner cannula is always locked in place after it is reinserted.)

FIGURE 2



Adapted with permission of J.B. Lippincott Company, Philadelphia, Pennsylvania, from *Introductory Medical-Surgical Nursing*, 3rd edition, by Jeanne C. Scherer, 1982.

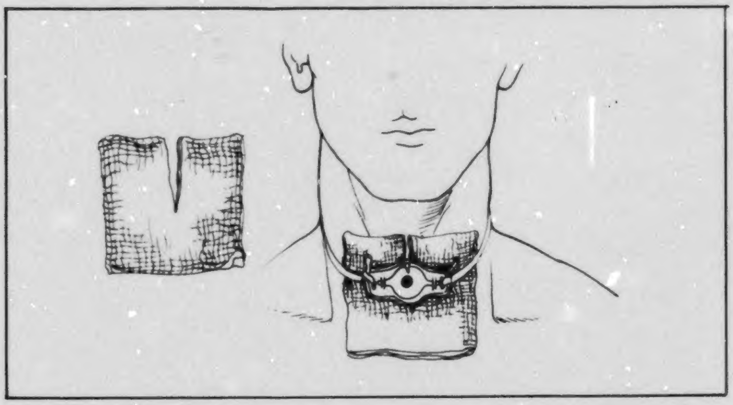
O. Cleanse around stoma area with prescribed solutions; dry carefully

JOB SHEET #1

P. Apply new dressings and change tapes, taping securely to hold outer tube in place (Figure 3)

(NOTE: Gauze 4 × 4s, slit halfway down, are placed around the tube to catch secretions. These dressings are changed by the nurse as often as necessary. Note the tapes that hold the outer tube in place. The tapes are tied in a knot at the back of the patient's neck.)

FIGURE 3



Adapted with permission of J.B. Lippincott Company, Philadelphia, Pennsylvania, from *Introductory Medical-Surgical Nursing*, 3rd edition, by Jeanne C. Scherer, 1982.

Q. Remove gloves

R. Discard all soiled articles in disposable bag

S. Make patient comfortable

T. Document procedure

JOB SHEET #1

III. Checklist for giving tracheostomy care

		Performed Well	Needs Improvement
A.	Checked physician's orders	☐	☐
B.	Collected equipment	☐	☐
C.	Identified patient and explained procedure	☐	☐
D.	Washed hands	☐	☐
E.	Provided privacy for patient	☐	☐
F.	Placed patient in semi-Fowler's position	☐	☐
G.	Poured solutions into two basins	☐	☐
H.	Opened other equipment and set out on sterile area	☐	☐
I.	Put on gloves	☐	☐
J.	Removed inner cannula	☐	☐
K.	Cleansed inner cannula	☐	☐
L.	Inspected inner cannula for remaining mucus	☐	☐
M.	Rinsed inner cannula in basin with rinsing solution	☐	☐
N.	Secured inner cannula in place	☐	☐
O.	Cleansed around stoma area with prescribed solutions; dried carefully	☐	☐
P.	Applied new dressings and changed tapes, taping securely to hold outer tube in place	☐	☐
Q.	Removed gloves	☐	☐
R.	Discarded all soiled articles in disposable bag	☐	☐
S.	Made patient comfortable	☐	☐
T.	Documented procedure	☐	☐

Comments:____

____

____

____

ASSESSMENT AND MANAGEMENT OF DISEASES AND DISORDERS OF THE RESPIRATORY SYSTEM
UNIT XIV

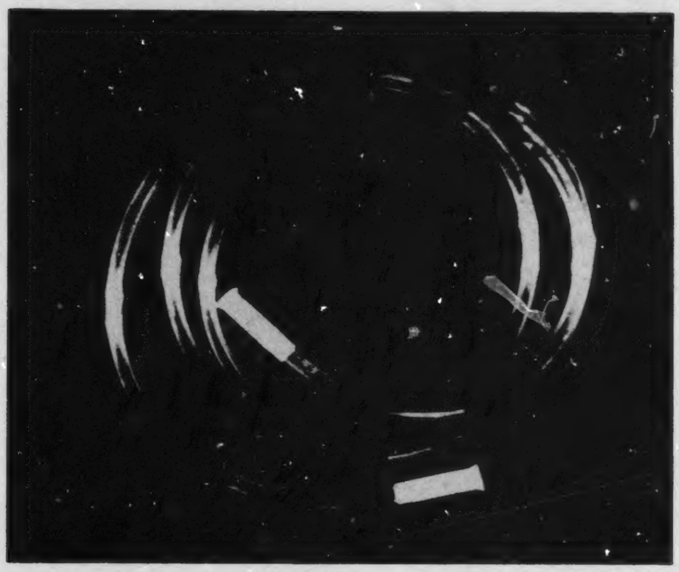
JOB SHEET #2 — SUCTION A TRACHEOSTOMY PATIENT

I. Equipment

A. Suctioning machine

B. Disposable connecting tube (Figure 4)

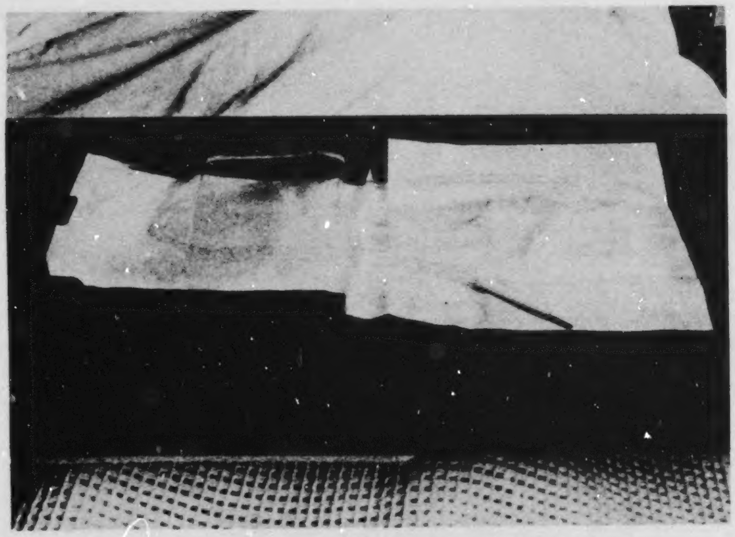
FIGURE 4



C. Disposable catheter and glove pack (See Figure 5)

JOB SHEET #2

FIGURE 5



D. Sterile gauze squares

E. Disposable bag

F. Sterile saline

G. Sterile rinsing container

H. Tissues

I. Emesis basin

J. Towel

K. Rubber bands

II. Procedure

A. Check physician's orders

B. Collect equipment

C. Identify patient and explain procedure

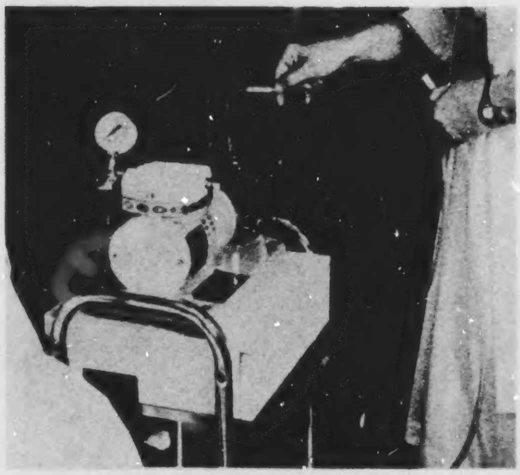
D. Wash hands

JOB SHEET #2

E. Provide privacy for patient

F. Connect suction adapter to suction machine (Figure 6)

FIGURE 6



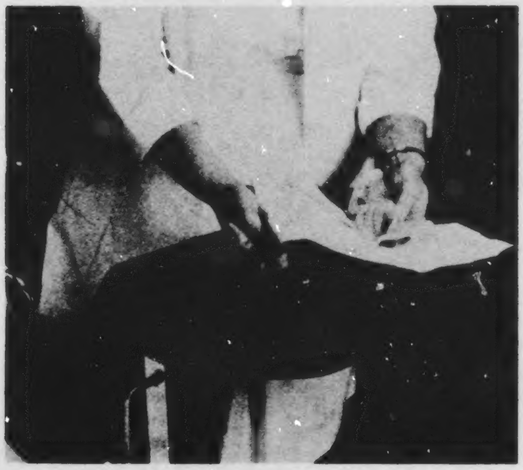
G. Place patient in semi-Fowler's position

H. Place towel over patient's chest

I. Have emesis basin and tissues ready for patient to use

J. Open sterile catheter and glove packet on bedside table, maintaining a sterile field (Figure 7)

FIGURE 7



JOB SHEET #2

K. Open one packet of gauze squares

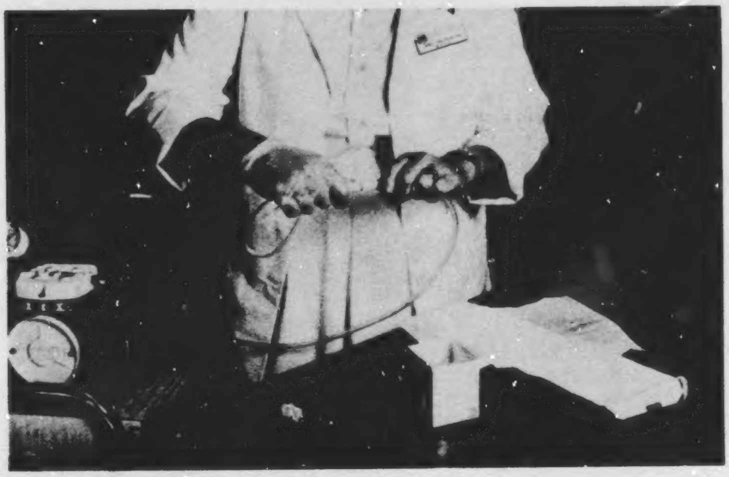
L. Open sterile rinsing container and fill with normal saline

M. Open sterile connecting tube pack and connect tube to suction outlet, placing end to be connected to sterile catheter on sterile field

N. Put sterile glove on dominant hand

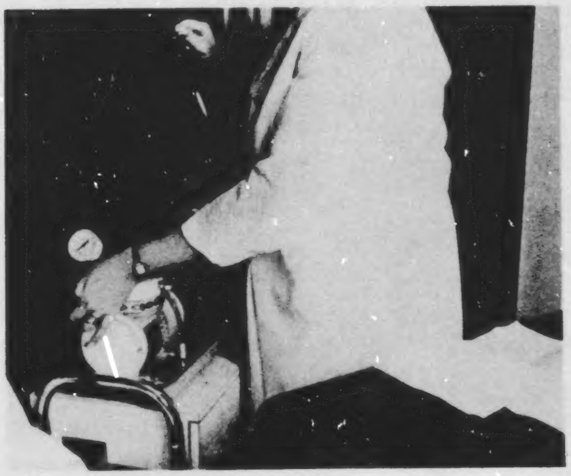
O. Hold sterile catheter in gloved hand, pick up suction tube with ungloved hand, and attach it by pushing and twisting gently (Figure 8)

FIGURE 8



P. Use ungloved hand to turn on suction (Figure 9)

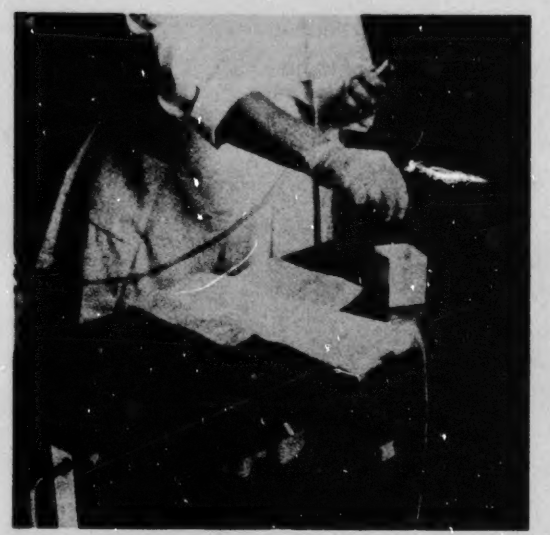
FIGURE 9



JOB SHEET #2

Q. Dip end of catheter into sterile saline (Figure 10)

FIGURE 10



R. Turn patient's head to the side and slightly extend patient's neck

S. Introduce catheter through trach opening and insert to a depth of 3 inches to clean the cannula (Figure 11)

(CAUTION: Remember to pinch off tube during the insertion.)

FIGURE 11

JOB SHEET #2

T. With ungloved hand, occlude lumen of sterile catheter near connection to suction tube during insertion, and then release lumen to apply suction (Figure 12)

(NOTE: The occlusion process depends on the type of catheter used to occlude the lumen.)

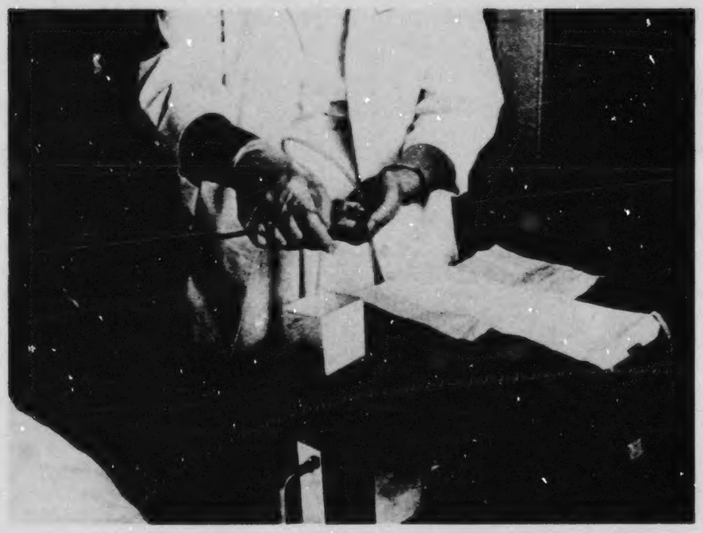
FIGURE 12

U. Raise suction pressure by occluding and releasing lumen as necessary

V. Rinse catheter by dipping end into basin of sterile saline and by intermittently applying pressure (See Figure 13)

JOB SHEET #2

FIGURE 13



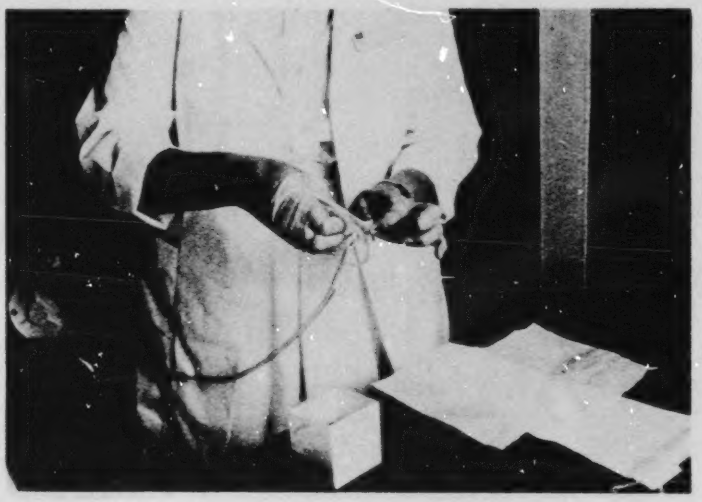
W. Allow patient to cough and expectorate mucus

X. Turn off suction machine with ungloved hand

Y. Disconnect catheter from connecting tubing

Z. Remove glove by pulling off over catheter; discard in disposable bag (Figure 14)

FIGURE 14



JOB SHEET #2

AA. Cover end of connecting tube with a sterile gauze square; secure square with a rubber band

BB. Wash hands

CC. Make patient comfortable

DD. Document procedure, appearance of mucus, response of patient

JOB SHEET #2

III. Checklist for suctioning tracheostomy patient

		Performed Well	Needs Improvement
A.	Checked physician's orders	☐	☐
B.	Collected equipment	☐	☐
C.	Identified patient and explained procedure	☐	☐
D.	Washed hands	☐	☐
E.	Provided privacy for patient	☐	☐
F.	Connected suction adapter to suction machine	☐	☐
G.	Placed patient in semi-Fowler's position	☐	☐
H.	Placed towel over patient's chest	☐	☐
I.	Had emesis basin and tissues ready for patient to use	☐	☐
J.	Opened sterile catheter and glove packet on bedside table, maintaining a sterile field	☐	☐
K.	Opened one packet of gauze squares	☐	☐
L.	Opened sterile rinsing container and filled with normal saline	☐	☐
M.	Opened sterile connecting tube pack and connected tube to suction outlet, placing end to be connected to sterile catheter on sterile field	☐	☐
N.	Put sterile glove on dominant hand	☐	☐
O.	Held sterile catheter in gloved hand, picked up suction tube with ungloved hand, and attached it by pushing and twisting gently	☐	☐
P.	Used ungloved hand to turn on suction	☐	☐
Q.	Dipped end of catheter into sterile saline	☐	☐
R.	Turned patient's head to the side and slightly extended patient's neck	☐	☐

JOB SHEET #2

		Performed Well	Needs Improvement
S.	Introduced catheter through trach opening, and inserted to a depth of 3 inches to clean the cannula	☐	☐
T.	With ungloved hand, occluded lumen of sterile catheter near connection to suction tube during insertion, and then released hand to apply suction	☐	☐
U.	Raised suction pressure by occluding lumen and releasing hand as necessary	☐	☐
V.	Rinsed catheter by dipping end into basin of sterile saline and by intermittently applying pressure	☐	☐
W.	Allowed patient to cough and expectorate mucus	☐	☐
X.	Turned off suction machine with ungloved hand	☐	☐
Y.	Disconnected catheter from connecting tubing	☐	☐
Z.	Removed glove by pulling off over catheter; discarded in disposable bag	☐	☐
AA.	Covered end of connecting tube with a sterile gauze square; secured square with a rubber band	☐	☐
BB.	Washed hands	☐	☐
CC.	Made patient comfortable	☐	☐
DD.	Documented procedure, appearance of mucus, response of patient	☐	☐

Comments:____

____

____

____

ASSESSMENT AND MANAGEMENT OF DISEASES AND DISORDERS OF THE RESPIRATORY SYSTEM
UNIT XIV

JOB SHEET #3 — DEFLATE AND INFLATE A CUFFED TRACHEOSTOMY OR ENDOTRACHEAL TUBE

(NOTE: The physician usually inflates the cuff when the tube is inserted. The deflation and inflation of the tube is performed every hour to prevent tracheal damage from the pressure of the cuff. The cuffed tube is used when a ventilator is needed to assist the patient with respiration. It prevents any leakage of air or secretions and prevents the aspiration of vomitus and secretions.)

I. Equipment

   A. Sterile suctioning equipment

   B. Sterile gloves

   C. Sterile distilled water

   D. 10 cc syringe

II. Procedure

   (NOTE: This procedure may vary depending on the type of tube used.)

   A. Suction trachea and nasopharynx first (Job Sheet #2) to prevent secretions from draining into lungs

   B. Explain each step to patient as you perform it

   C. Let air out of the cuff slowly with the 10 cc syringe, while maintaining positive pressure either by an Ambu bag or by MA-1 ventilator

   D. Wait twenty to thirty seconds, and then use same syringe to reinflate cuff with just enough air to prevent any leaking and to provide desired tidal volume on ventilator

   (CAUTION: Never overinflate the tube.)

   E. Document procedure, specifying how many cubic centimeters were needed to inflate cuff and how patient tolerated procedure

JOB SHEET #3

III. Checklist for procedure for deflating and inflating the cuffed tracheostomy or endotracheal tube

		Performed Well	Needs Improvement
A.	Suctioned trachea and nasopharynx first to prevent secretions from dropping into lungs	☐	☐
B.	Explained each step to patient as you performed it	☐	☐
C.	Let air out of the cuff slowly with the 10 cc syringe, while maintaining positive pressure either by an Ambu bag or by MA-1 ventilator	☐	☐
D.	Waited twenty to thirty seconds, and then used same syringe to reinflate cuff with just enough air to prevent any leaking and to provide desired tidal volume on ventilator	☐	☐
E.	Documented procedure, specifying how many cubic centimeters were needed to inflate cuff and how patient tolerated procedure	☐	☐

Comments:

ASSESSMENT AND MANAGEMENT OF DISEASES AND DISORDERS OF THE RESPIRATORY SYSTEM
UNIT XIV

TEST

NAME ______________________________ SCORE ____________

1. Define terms associated with diseases and disorders of the respiratory system.

   a. Hypoxemia — ______________________________

   ____

   ____

   b. Hemoptysis — ______________________________

   ____

   ____

   c. Epistaxis — ______________________________

   ____

   ____

   d. Subcutaneous emphysema — ______________________________

   ____

   ____

2. List conditions that affect the respiratory system.

   a. ______________________________

   b. ______________________________

   c. ______________________________

   d. ______________________________

   e. ______________________________

TEST

3. Match to their correct uses tests for diagnosing diseases and disorders of the respiratory system. Write the correct numbers in the blanks.

_____a. Used to determine type of bacteria and type of drug needed to combat growth

_____b. Used to visualize sinuses without the use of a radiopaque medium

_____c. Used to visualize larynx through a scope; specimens of tissue may be obtained with this procedure

_____d. Used to determine sensitivity to allergens

_____e. Used to visualize the bronchi through a scope; tissue specimens may be obtained with this procedure

_____f. Used to visualize the lungs without the use of a radiopaque medium

_____g. Used to determine type and amount of gases in the blood

_____h. Used to determine contents of sputum

_____i. Used to determine general respiratory status

_____j. Used to determine the presence of tuberculin organisms within the body

_____k. Used to examine fluid in the chest cavity; obtained through surgical puncture of chest wall with a large-bore needle

1. Laryngoscopy
2. Cutlure and sensitivity
3. Sinus x-ray series
4. Allergy tests
5. Blood gases
6. Thoracentesis
7. Bronchoscopy
8. Pulmonary function tests
9. Chest x ray
10. Sputum specimen
11. Tuberculin tests

4. State nursing interventions for caring for patients undergoing tests to diagnose diseases and disorders of the respiratory system.

a. ____

b. ____

c. ____

d. ____

e. ____

TEST

5. Match to their correct descriptions diseases and disorders of the upper respiratory system organs. Write the correct numbers in the blanks.

Nose

______a. Inflammation of the mucous membrane of the nose

______b. Inflammation of sinuses

______c. Grapelike swellings that may be caused from chronic irritation

______d. Obstruction of nasal passages due to irregularities in bone and cartilage

______e. Inflammation of mucous membranes of nose, resulting in sneezing, nasal congestion, and rhinitis with discharge

______f. Obstruction of nasal passages due to swelling and growth of adenoids

1. Polyps
2. Acute rhinitis
3. Hypertrophied adenoids
4. Sinusitis
5. Deviated septum
6. Coryza

Throat

______a. Infection of throat due to streptococcal organism

______b. Inflammation of pharynx

______c. Inflammation of tonsils

______d. Inflammation of larynx

______e. Acute infectious disease that causes a false membrane to form on any mucous surface, especially on the throat

1. Diphtheria
2. Tonsillitis
3. Acute pharyngitis
4. Strep throat
5. Laryngitis

TEST

6. Identify according to their symptoms and interventions diseases and disorders of the upper respiratory system organs. Write the correct names in the blanks.

NOSE

Acute rhinitis and coryza
Acute sinusitis
Polyps
Deviated septum
Hypertrophied adenoids
Chronic sinusitis

THROAT

Strep throat
Acute pharyngitis
Chronic pharyngitis
Tonsillitis
Diphtheria
Laryngitis

Disease/Disorder	Symptoms	Interventions
a. ______________________ ______________________	Difficulty in breathing Chronic sinus infections Interference of normal drainage of nose or sinuses	Instruct patient in use of nasal decongestants Provide pre- and postoperative care if surgical repair is needed Instruct patient and family in home care and follow-up
b. ______________________ ______________________	Redness of pharynx Swelling of lymphoid tissue, including tonsils Exudate from pharyngeal lymph glands Enlargement of cervical nodes Sore throat Fever	Administer prescribed antibiotics, analgesics, and antipyretics Instruct patient in medical asepsis to prevent spread of infection Instruct patient in use of warm saline gargles Encourage increased fluid intake Maintain bed rest during febrile stage
c. ______________________ ______________________	Nasal discharge Swelling of nasal membranes Sneezing Low-grade fever Itching of eyes and nose if allergic reaction	Assist in determining cause Caution patient not to blow nose too hard or too frequently Instruct patient in use of vasoconstricting drops or sprays Treat symptomatically
d. ______________________ ______________________	Persistent nasal discharge Nasal congestion Persistent cough due to drainage Headaches Fatigue	Instruct patient in use of steam or cool-mist vaporizer Encourage increased fluid intake Provide pre- and postoperative care if surgical incision and drainage are needed

TEST

Disease/Disorder	Symptoms	Interventions
e. ____________ ____________	Swelling of throat Impaired breathing and swallowing White or gray false membrane in throat Rapid, thready pulse Moderate fever Headache Nausea	Isolate patient Assist in diagnosis by repeated throat cultures Administer injections of prescribed antitoxin Maintain bed rest Administer prescribed antibiotics Administer oxygen for cyanosis and dyspnea Increase humidity in unit
f. ____________ ____________	Nasal obstruction Noisy respirations Mouth breathing Difficulty in swallowing Loss of hearing Frequent or chronic ear infections	Provide pre- and postoperative care Instruct patient and family in home care and follow-up
g. ____________ ____________	Abrupt onset of sore throat Headache Anorexia Chills Fever Malaise Redness of throat and tonsils Exudate covering tonsils and pharynx Difficulty in swallowing	Obtain throat culture for C&S Administer prescribed antibiotics and analgesics Encourage increased fluid intake and a soft diet Encourage bed rest in acute stage Instruct patient in use of warm saline gargles Instruct patient in medical asepsis to prevent spread of infection Caution patient to avoid unnecessary chilling
h. ____________ ____________	Pain in affected area Headache Aching in teeth on affected side Nasal congestion Nasal discharge Malaise Low-grade fever	Encourage patient to maintain bed rest Instruct patient in use of prescribed oral decongestants or spray/drops

TEST

Disease/Disorder	Symptoms	Interventions
i. ____________________ ____________________	Nasal congestion Cough, either dry or productive Increase in mucus in throat Difficulty in swallowing Intermittent fever	Encourage patient to change working environment Encourage patient to avoid smoking Instruct patient in use of nose drops or spray Administer prescribed antihistamines, analgesics, and antipyretics Maintain bed rest during febrile stages
j. ____________________ ____________________	Hoarseness Cough Irritation of throat	Assist in diagnostic procedures to determine source Encourage patient to rest voice until treatment heals mucous membranes
k. ____________________ ____________________	Sore throat Fever Anorexia Muscle pain Headache Swollen cervical glands Malaise Pus or exudate from tonsils	Maintain bed rest during febrile stage Instruct patient in use of very warm saline gargles Encourage increased fluid intake Administer prescribed antibiotics, analgesics, and antipyretics Provide pre- and postoperative care if surgical removal is needed
l. ____________________ ____________________	Nasal obstruction due to growths Difficulty in breathing	Assess nasal passages Provide pre- and postoperative care if surgical removal is needed Instruct patient and family in home care and follow-up

7. **Select from the following list nursing interventions for patients with epistaxis. Write an "X" in the blank before each correct answer.**

_____a. Place patient in a sitting position with head tilted slightly forward to prevent blood from draining down throat

_____b. Grasp patient's nose firmly between thumb and forefinger and apply firm pressure for a few minutes

TEST

______c. Place patient in a Sim's position

______d. Ask patient to breathe through the mouth

______e. Administer large amounts of fluids to replace loss

______f. Apply cold compresses to bridge of nose to slow bleeding

______g. Notify physician if bleeding continues or is severe

8. State nursing interventions for caring for patients undergoing surgical procedures for nose and throat.

a. ______________________________

b. ______________________________

c. ______________________________

d. ______________________________

e. ______________________________

f. ______________________________

g. ______________________________

h. ______________________________

i. ______________________________

j. ______________________________

k. ______________________________

9. State nursing interventions for caring for a patient with obstruction of the larynx.

a. Allergic reactions

1) ______________________________

2) ______________________________

3) ______________________________

4) ______________________________

TEST

b. Foreign objects

1) ______________________________

2) ______________________________

3) ______________________________

4) ______________________________

10. List symptoms of cancer of the larynx.

a. ______________________________

b. ______________________________

c. ______________________________

d. ______________________________

e. ______________________________

f. ______________________________

g. ______________________________

h. ______________________________

i. ______________________________

11. Match to their correct descriptions surgical procedures used to treat cancer of the larynx. Write the correct numbers in the blanks.

_____a. Formation of an opening into trachea

_____b. Removal of a portion of affected vocal cord through an incision into thyroid cartilage of larynx

_____c. Removal of entire larynx, with or without a neck dissection of lymph nodes; results in a permanent tracheostomy

_____d. Removal of entire larynx, followed by insertion into hypopharynx of a dermal tube made from the upper end of the trachea

_____e. Resection of larynx to remove affected part, leaving enough of larynx so that some function remains

1. Partial laryngectomy
2. Total laryngectomy with laryngoplasty
3. Total laryngectomy
4. Tracheostomy
5. Supraglottic (horizontal) laryngectomy

TEST

12. State nursing interventions for caring for a patient with a laryngectomy.

a. ______________________________

b. ______________________________

c. ______________________________

d. ______________________________

e. ______________________________

f. ______________________________

g. ______________________________

h. ______________________________

i. ______________________________

j. ______________________________

k. ______________________________

l. ______________________________

13. Describe allergic conditions that affect the respiratory system.

a. Asthma — ______________________________

____

b. Allergic rhinitis (hay fever) — ______________________________

____

TEST

14. Identify according to their their symptoms and interventions allergic conditions that affect the respiratory system. Write the correct names in the blanks.

Asthma
Allergic rhinitis

Allergic Condition	Symptoms	Interventions
a. ______________________ ______________________	Wheezing Sensation of suffocation Typical body position of sitting with body leaning slightly forward with arms at shoulder height Anxiety Coughing Cyanosis of lips and nailbeds Profuse diaphoresis	Administer prescribed bronchodilators Administer oxygen as ordered Instruct patient in use of hand nebulizer if ordered Provide steam or cool-air vaporizor to humidify inspired air Encourage increased fluid intake Adminster prescribed tranquilizers and sedatives in acute stage to control anxiety Reassure patient and stay in room during acute attack Take a complete history of attacks and causative factors Caution patient to avoid any factors that might lead to respiratory infections Provide support to patient if stress is part of the cause of the attacks Instruct patient and family in home care and follow-up
b. ______________________ ______________________	Itching of nose, eyes, throat, and roof of mouth Sneezing Tearing from eyes Swelling of nasal mucosa Malaise	Assist with diagnostic tests to determine causative factor Caution patient to avoid diagnosed allergen Administer prescribed antihistamines or corticosteroids Administer desensitization injections as prescribed Instruct patient in needed changes in environment and follow-up care

TEST

15. Match to their correct descriptions infectious diseases that affect the lungs. Write the correct numbers in the blanks.

_____a. Inflammation of mucous membrane of bronchial tubes

_____b. Chronic infectious disease that results in changes in bronchiole walls, with saccular dilations of the bronchi filled with purulent material

_____c. Localized area of suppuration that occurs due to aspiration of a foreign body or aspiration of respiratory secretions; may occur following pneumonia or mechanical obstruction of bronchi

_____d. Formation of pus in thoracic cavity as a result of an infection

_____e. Inflammation of lungs

_____f. Inflammation of serous membrane that enfolds both lungs

_____g. Infection of lungs caused by Mycobacterium tuberculosis

_____h. Acute respiratory infection caused by a gram-negative bacterium

1. Pneumonia
2. Legionnaires disease
3. Bronchiectasis
4. Pleurisy
5. Bronchitis
6. Pulmonary tuberculosis
7. Lung abscess
8. Thoracic empyema

16. Identify according to their symptoms and interventions infectious diseases that affect the lungs. Write the correct names in the blanks.

Acute bronchitis
Bronchiectasis
Lung abscess
Thoracic empyema
Chronic bronchitis
Bacterial pneumonia
Pleurisy
Tuberculosis
Legionnaires disease
Mycoplasma pneumonia

Disease	Symptoms	Interventions
a. ____________________ ____________________	Productive cough Foul, greenish-yellow sputum Fatigue Loss of weight Halitosis Anorexia Hemoptysis	Obtain patient history of symptoms Obtain sputum specimens Administer prescribed antibiotics Provide moist air in environment Perform postural drainage as ordered Provide pre- and postoperative care if surgical removal of tissue is needed

TEST

Disease	Symptoms	Interventions
b. ______________ ______________	Severe, sharp, knife-like pain in affected area Obvious rub heard with stethoscope	Assist with diagnostic tests Treat underlying cause as indicated by physician Position on affected side to splint chest wall Administer prescribed analgesics Apply local warm or cold compresses Reassure patient during stages of acute pain
c. ______________ ______________	Chest pain Dyspnea Fever	Assist with diagnostic tests Administer prescribed antibiotics, analgesics, and antipyretics Assist with procedure to drain affected area Monitor drainage system if chest tubes or drains are in place Use aseptic technique in handling dressings containing drainage Encourage increased intake of fluids
d. ______________ ______________	*Early—* Weight loss Fatigue Paleness Anorexia Slight cough Elevated fever in afternoon	Assist with diagnostic tests Obtain sputum specimen Take patient history of symptoms Administer prescribed medications Use aseptic technique in handling secretions Isolate patient in initial stage Educate patient and family in preventing spread of infection
	Later— Anorexia with indigestion Abdominal pain Productive cough Night sweats Rapid loss of weight and strength Hemoptysis	Provide pre- and postoperative care if surgical interventions are needed Provide nutritious diet, increased fluids, and nonstressful environment

TEST

Disease	Symptoms	Interventions
e. ____________________ ____________________	Dry, nonproductive cough that later becomes productive Fever Malaise	Obtain a sputum culture for diagnosis Administer prescribed antibiotics Maintain bed rest in acute phase Provide light diet with increased fluids Provide moist-air environment Instruct patient in medical asepsis if bacterial infection is causative factor
f. ____________________ ____________________	Sudden onset of chills Rapidly rising fever Stabbing chest pain Coughing Rapid respirations Rapid and bounding pulse Flushed cheeks, bright eyes, cyanotic nailbeds and lips Patient assumes position of lying on affected side with attempt to splint chest Diaphoresis Purulent sputum, sometimes tinged with blood	Obtain sputum specimen Administer prescribed antibiotics and antipyretics Maintain bed rest Monitor vital signs, especially temperature Provide high level of fluids Provide moist air in environment Encourage patient to cough while splinting abdomen Provide postural drainage Administer oxygen as ordered Observe for symptoms of complications, including hypotension, shock, and atelectasis
g. ____________________ ____________________	Nonproductive cough Tightness in chest Generalized aching Tracheal pain when coughing Mucopurulent sputum Headache	Obtain sputum specimen Maintain bed rest Provide for warm moist inhalations Administer prescribed antibiotics Provide high level of fluids
h. ____________________ ____________________	Mild headache Dry cough Profound malaise Rapidly rising fever Pleural pain Confusion Impaired renal function Rapid and difficult respirations	Assist with diagnostic tests Administer prescribed antibiotics Treat symptomatically

TEST

Disease	Symptoms	Interventions
i. ____________________ ____________________	Chills Fever Productive cough with purulent or bloody sputum Weight loss Malaise Clubbing of fingers	Assist with drainage of abscess if needed Perform postural drainage as ordered Administer prescribed antibiotics Instruct patient in medical asepsis to prevent spread of infection
j. ____________________ ____________________	Persistent cough that becomes worse Thick, white mucoid sputum	Obtain patient history of symptoms, environment of home and work Assess respiratory status Encourage patient to change environment

17. Match to their correct descriptions noninfectious diseases and disorders that affect the lungs. Write the correct numbers in the blanks.

_____a.	Chronic pulmonary disease characterized by an increase beyond the normal size of air spaces distal to the terminal bronchioles, with destructive changes in bronchiole walls	1. Atelectasis
_____b.	Hypertrophy or failure of right ventricle resulting from disorders of the lungs, pulmonary vessels, or chest walls	2. Pulmonary embolism
_____c.	Obstruction of one or more pulmonary arteries by a thrombus	3. Emphysema
_____d.	Non-neoplastic disease of the lung resulting from exposure to inorganic dust	4. Pneumothorax
_____e.	Collapse of an alveolus or of multiple alveolar units resulting from pressure on lung tissue that restricts normal lung expansion on inspiration	5. Cor pulmonale
_____f.	Collection of air or gas in the pleural cavity	6. Pneumonoconiosis

TEST

18. Identify according to their symptoms and interventions noninfectious diseases and disorders that affect the lungs. Write the correct names in the blanks.

Emphysema
Cor pulmonale
Pulmonary embolism
Pneumonoconiosis
Atelectasis
Pneumothorax

Disease/Disorder	Symptoms	Interventions
a. ____________________ ____________________	Shortness of breath Cough Edema in feet and legs Distended neck veins Pleural effusion Ascites Enlarged liver Heart murmur Headache Confusion from anoxia	Assist in diagnostic tests Administer prescribed bronchodilators Prevent secondary respiratory infections Observe for symptoms of cardiac failure Administer 0_2 as ordered for cyanosis Counsel patient to stop smoking, to avoid air pollutants, and to avoid factors that cause respiratory infections
b. ____________________ ____________________	Marked dyspnea Cyanosis Tachycardia Pleural pain Anxiety	Assist in removal of fluids or air if indicated Assist in removal of foreign object if indicated Turn patient frequently to stimulate cough Reassure patient
c. ____________________ ____________________	Marked shortness of breath Chronic productive cough with large amounts of mucoid sputum Wheezing on expiration Dyspnea Pale and drawn appearance Fatigue Patient assumes sitting position, leaning slightly forward Speech of short, jerky sentences Distended neck veins during expiration Appearance of barrel chest in chronic condition Decrease in PO_2 and increase in PCO_2	Assist with diagnostic tests Take complete patient history Encourage a high fluid intake Provide moist air in environment Encourage patient to stop smoking if appropriate Instruct patient in use of nebulized medication Caution patient to avoid factors that may cause respiratory infections Administer prescribed bronchodilators Monitor administration of O_2 at 2 L Instruct patient in breathing exercises and physical conditioning Give supportive emotional assistance Educate patient and family in home care and follow-up

TEST

Disease/Disorder	Symptoms	Interventions
d. ____________ ____________	*Silicosis —* Dyspnea Productive cough with varying amounts of black fluid in sputum Anorexia *Asbestosis* Hypoxemia Dyspnea Moderate chest pain Weight loss Anorexia	Counsel patients in environment changes Treat symptomatically
e. ____________ ____________	*Massive—* Sudden substernal pain Rapid and weak pulse Pronounced dyspnea Shock that can be fatal Syncope	Call for emergency assistance Begin 0_2 immediately Assist in starting IV infusion Administer prescribed medications Monitor vital signs frequently Monitor EKG strips Reassure patient
	Smaller occlusions— Dyspnea Fever Cough Hemoptysis Anxiety Weakness Tachycardia Frothy, pink sputum Pulmonary edema	Assist with diagnostic tests Assess respiratory status Administer prescribed anticoagulants and analgesics Provide pre- and postoperative care if surgical removal is needed Instruct patient and family in guidelines to follow when anticoagulants are being taken
f. ____________ ____________	Sudden chest pain Mild to severe dyspnea	Assist in insertion of chest tubes Monitor chest drainage system Reassure patient Encourage patient to cough Monitor vital signs frequently

TEST

19. List symptoms of lung cancer.

a. ____________________

b. ____________________

c. ____________________

d. ____________________

e. ____________________

f. ____________________

20. Describe diseases and disorders of the respiratory system that specifically affect the pediatric patient.

a. Croup — ____________________

b. Laryngotracheobronchitis — ____________________

____

c. Cystic fibrosis — ____________________

____

TEST

21. Identify according to their symptoms and interventions diseases and disorders of the respiratory system that specifically affect the pediatric patient. Write the correct names in the blanks.

Croup **Cystic fibrosis** **Laryngotracheobronchitis**

Disease/Disorder	Symptoms	Interventions
a. ____________________	Meconium ileus in newborn Foul-smelling, large, loose stools Marked weight loss Anemia Prolapsed rectum Wheezy respirations Dry, nonproductive cough Dyspnea Recurrent respiratory infections Barrel-shaped chest Cyanosis and clubbing of fingers and toes Salty taste of skin secretions	Assist wiht diagnostic tests Administer prescribed water-miscible A, D, and E vitamins Administer prescribed pancreatic enzyme replacement medications Provide extra sodium to prevent depletion Provide postural drainage to promote removal of mucus from lungs Provide nebulization of moist air Administer prescribed expectorants and antibiotics Provide a low-fat diet Provide emotional support for child and parents Encourage parents to contact representative from support group Educate child and parents for a healthy regime that promotes as normal a life as possible
b. ____________________	Hoarseness Barking cough Laryngeal spasms Inspiratory stridor Rapidly rising heart rate if obstruction occurs	Maintain bed rest Provide a cool, humidified environment Provide steam from hot running shower for laryngeospasms Observe for obstructed airway Assess heart rate carefully Administer prescribed antibiotics for bacterial epiglottis

TEST

Disease/Disorder	Symptoms	Interventions
c. ____________________	Hoarseness Barking cough Inspiratory dyspnea Labored expirations Scattered rales Chest soreness Pallor Irritability and restlessness	Observe patient for respiratory distress with diminished breath sounds, tachycardia, and cyanosis Assist with diagnostic tests Maintain bed rest Provide emotional support and reassurance Promote postural drainage by changing patient's position frequently Administer prescribed medications

22. Name surgical procedures used to treat diseases and disorders of the respiratory system.

a. ______________________________

b. ______________________________

c. ______________________________

d. ______________________________

23. State nursing interventions for caring for a patient undergoing chest surgery.

a. ______________________________

b. ______________________________

c. ______________________________

d. ______________________________

e. ______________________________

f. ______________________________

g. ______________________________

h. ______________________________

i. ______________________________

j. ______________________________

TEST

24. Select from the following list nursing interventions for caring for a patient with closed drainage of the thoracic cavity. Write an "X" in the blank before each correct answer.

_____a. Check carefully to determine whether there are any breaks in the closed system

_____b. Make sure that all connections of stoppers and tubing are taped

_____c. Reinsert chest tubing immediately if accidentally pulled out

_____d. To prevent air from entering cavity, keep a clamp at bedside just in case a break in the system occurs

_____e. Make sure that bottle with chest drainage is never raised from floor level while still connected to patient

_____f. Make sure that bottles are labeled properly if two chest catheters and two bottles are used

_____g. Make sure that drainage bottles are sterilized each time they are emptied

_____h. Make sure that bottle with tubing leading to patient has enough water to cover tube

_____i. Check to see whether drainage fluctuates in the tubing as inspiration and expiration occur

_____j. Milk drainage tube from patient to drainage bottle if clogging is suspected and the procedure is allowed

_____k. Make sure that drainage bottle is kept at chest level

_____l. Reassure patient that system is working properly

_____m. Document amount and appearance of all drainage

_____n. If chest tube slips out, place a petroleum gauze square over insertion site immediately

_____o. Disconnect patient from drainage bottles when patient is ambulating

(NOTE: Test questions 25 and 26 list the assignment and job sheets. They are an important part of this test. If they have not been completed, check with your instructor.)

25. Plan care for patients with diseases and disorders of the respiratory system.

26. Demonstrate the ability to

a. Give tracheostomy care.

b. Suction a tracheostomy patient.

c. Deflate and inflate a cuffed tracheostomy or endotracheal tube.

ASSESSMENT AND MANAGEMENT OF DISEASES AND DISORDERS OF THE RESPIRATORY SYSTEM
UNIT XIV

ANSWERS TO TEST

1. a. Hypoxemia — Insufficient oxygenation of the blood

   b. Hemoptysis — Expectoration of blood arising from the oral cavity, larynx, trachea, bronchi, or lungs

   c. Epistaxis — Hemorrhage from the nose; nosebleed

   d. Subcutaneous emphysema — Accumulation of air or gas trapped in subcutaneous tissues

2. a. Infections

   b. Obstructions

   c. Trauma

   d. Allergies

   e. Cancer

3. a. 2

   b. 3

   c. 1

   d. 4

   e. 7

   f. 9

   g. 5

   h. 10

   i. 8

   j. 11

   k. 6

4. a. Explain procedure to patient, or reinforce physician's explanation

   b. Obtain completed informed consent form prior to procedure

   c. Prepare patient as indicated by the physician or by facility policy

   d. Observe patient for untoward affects after specific procedures

   e. Document the procedure and the results as needed

ANSWERS TO TEST

5. **Nose**

   a. 2
   b. 4
   c. 1
   d. 5
   e. 6
   f. 3

   Throat

   a. 4
   b. 3
   c. 2
   d. 5
   e. 1

6. a. Deviated septum
   b. Acute pharyngitis
   c. Acute rhinitis and coryza
   d. Chronic sinusitis
   e. Diphtheria
   f. Hypertrophied adenoids
   g. Strep throat
   h. Acute sinusitis
   i. Chronic pharyngitis
   j. Laryngitis
   k. Tonsillitis
   l. Polyps

7. a, b, d, f, g

8. a. Obtain completed informed consent form prior to procedure
   b. Explain to patient what to expect following surgery

ANSWERS TO TEST

c. Prepare patient as ordered by physician

d. Be alert for any signs of postoperative hemorrhage from nose or throat

e. Warn patient not to blow nose

f. Ask patient to spit out drainage so that the amount, color, and consistency can be noted and so that nausea from swallowing blood can be prevented

g. Elevate head of bed to 45 degrees to decrease edema and to promote easier breathing

h. Give frequent oral care

i. Encourage fluids when allowed

j. Provide a liquid, a soft, and then a general diet as tolerated

k. Give medications as ordered

9. a. Allergic reactions

    1) Administer epinephrin, 1:1000 subcutaneously, or adrenal corticosteroid as ordered

    2) Apply an ice pack to the throat

    3) Reassure patient

    4) Monitor closely

b. Foreign objects

    1) Assess patient's condition

    2) Administer oxygen after dislodgement of object

    3) Notify physician

    4) Monitor patient closely

10. a. Hoarseness

b. Pain and burning in throat when drinking hot fluids

c. Obvious lump in neck

ANSWERS TO TEST

d. Dysphagia

e. Malodorous breath

f. Enlarged cervical nodes

g. Weight loss

h. General debility

i. Pain radiating to ear

11. a. 4 d. 2

b. 1 e. 5

c. 3

12. a. Obtain completed informed consent form prior to procedure

b. Discuss procedure with patient and answer questions concerning the effects of surgery

c. Explain to patient what to expect following surgery

d. Prepare patient as indicated by physician

e. Monitor vital signs closely following surgery

f. Assess respiratory status frequently

g. Reassure patient to reduce stress and anxiety as much as possible

h. Suction trachea as ordered to remove secretions

i. Provide stoma care as ordered

j. Devise a communication system

k. Request a member of the Laryngectomy Club to visit patient as indicated by physician

l. Instruct patient and family in home care and follow-up

ANSWERS TO TEST

13. Description should include the following

    a. Asthma — Paroxysmal dyspnea accompanied by wheezing caused by spasms in the bronchial tubes or swelling of their mucous membranes

    b. Allergic rhinitis (hay fever) — Local reaction of nasal mucous membranes to various allergens in the environment

14. a. Asthma

    b. Allergic rhinitis

15. a. 5 e. 1

    b. 3 f. 4

    c. 7 g. 6

    d. 8 h. 2

16. a. Bronchiectasis

    b. Pleurisy

    c. Thoracic empyema

    d. Tuberculosis

    e. Acute bronchitis

    f. Bacterial pneumonia

    g. Mycoplasma pneumonia

    h. Legionnaires disease

    i. Lung abscess

    j. Chronic bronchitis

17. a. 3 d. 6

    b. 5 e. 1

    c. 2 f. 4

ANSWERS TO TEST

18. a. Cor pulmonale
    b. Atelectasis
    c. Emphysema
    d. Pneumonoconiosis
    e. Pulmonary embolism
    f. Pneumothorax

19. a. Productive cough of mucopurulent or blood-streaked sputum
    b. Fatigue
    c. Anorexia
    d. Weight loss
    e. Dyspnea
    f. Chest pain

20. Description should include the following
    a. Croup — Inflammation of larynx; characterized by hoarseness and a barking cough
    b. Laryngotracheobronchitis — Inflammation of vocal cords and edema of surrounding tissue that causes obstruction of larynx
    c. Cystic fibrosis — Inherited disease of the exocrine glands affecting pancreas, respiratory system, and sweat glands

21. a. Cystic fibrosis
    b. Croup
    c. Laryngotracheobronchitis

22. a. Laryngectomy — Excision of larynx
    b. Thoracotomy — Surgical incision into chest wall

ANSWERS TO TEST

c. Lobectomy — Surgical removal of a lobe of any organ or gland

d. Pneumonectomy — Removal of a lung

23. a. Maintain patent airway and assess respiratory status

b. Administer oxygen as ordered

c. Turn patient, assist with coughing and breathing exercises, suction as indicated

d. Check for any respiratory depression after giving narcotic analgesics

e. Monitor blood gases; be prepared to use ventilator if $P0_2$ decreases or $PC0_2$ increases

f. Check surgical dressings

g. Monitor any chest tubes and drainage bottles or suction equipment; check for swelling or leaking around chest tube site

h. Check and record intake and output hourly until patient is stabilized

i. Assess vital signs as indicated, especially character of patient's respirations and color

j. Administer prescribed narcotics carefully to avoid causing respiratory depression

24. a, b, d, e, f, h, i, j, l, m, n

25. Evaluated to the satisfaction of the instructor

26. Performance skills evaluated to the satisfaction of the instructor

ASSESSMENT AND MANAGEMENT OF DISEASES AND DISORDERS OF THE ENDOCRINE SYSTEM

UNIT XV

UNIT OBJECTIVE

After completing this unit, the student should be able to plan and give care to patients with diseases and disorders of the endocrine system. The student will show this knowledge by completing the assignment sheet and unit test with a minimum score of 85 percent.

SPECIFIC OBJECTIVES

After completing this unit, the student should be able to

1. Match to their correct definitions terms associated with diseases and disorders of the endocrine system.
2. List conditions that affect the endocrine system.
3. Match to their correct uses common procedures used to diagnose diseases and disorders of the endocrine system.
4. State nursing interventions for caring for patients undergoing diagnostic procedures for the endocrine system.
5. Match to their correct descriptions diseases and disorders of the thyroid and parathyroid glands.
6. Identify diseases and disorders of the thyroid and parathyroid glands according to their symptoms and interventions.
7. Match to their correct descriptions diseases and disorders of the adrenal glands.
8. Identify diseases and disorders of the adrenal glands according to their symptoms and interventions.
9. Match to their correct descriptions diseases and disorders that affect the pituitary gland.
10. Identify diseases and disorders of the pituitary gland according to their symptoms and interventions.
11. Describe common surgical procedures used in treating diseases and disorders of the endocrine system.
12. State general nursing interventions for caring for patients undergoing surgical procedures for diseases or disorders of the endocrine system.

OBJECTIVE SHEET

13. Distinguish between symptoms of insulin-dependent and non-insulin-dependent diabetes mellitus.

14. State nursing interventions for caring for diabetic patients.

15. Distinguish between symptoms and interventions of hypoinsulinism and hyperinsulinism.

16. Identify long-term complications of diabetes mellitus according to their symptoms and interventions.

17. Select from a list nursing interventions for surgical diabetic patients.

18. Plan care for patients with diseases and disorders of the endocrine system.

ASSESSMENT AND MANAGEMENT OF DISEASES AND DISORDERS OF THE ENDOCRINE SYSTEM
UNIT XV

SUGGESTED ACTIVITIES

I. Unit contents

  A. Objective sheet

  B. Suggested activities

  C. Information sheet

  D. Assignment Sheet #1 — Plan Care for Patients with Diseases and Disorders of the Endocrine System

  E. Answers to assignment sheet

  F. Test

  G. Answers to test

II. Instructor's guide

  A. Order materials to supplement unit.

    1. Films

      a. *Low Blood Sugar Emergencies in the Diabetic Child.* Available on loan from West Glen Films, 565 Fifth Avenue, New York, New York 10017.

      b. *My Friend, Edi.* 16 mm, color, 15 minutes. Available from Eli Lilly and Company, Indianapolis, Indiana 46206.

      (NOTE: This film is used in patient education for children and their families. Eli Lilly and Company also will provide other suitable materials for patient education.)

    2. Filmstrips

      (NOTE: The following filmstrips are available through the Trainex Corporation, P. O. Box 116, Garden Grove, California 92642.)

      a. *Diabetes Mellitus—Pathophysiology*

      b. *This Is Diabetes*

      c. *What Is Insulin-Dependent Diabetes?*

SUGGESTED ACTIVITIES

d. *What Is Non-Insulin-Dependent Diabetes?*

e. *Care of the Patient with Diabetes*

f. *Diet and the Management of Insulin-Dependent Diabetes*

g. *Diet and the Management of Non-Insulin-Dependent Diabetes*

h. *How to Help Someone with Diabetes*

i. *How to Prevent Problems of Insulin-Dependent Diabetes*

j. *How to Prevent Problems of Non-Insulin-Dependent Diabetes*

k. *Teaching the Patient with Diabetes*

l. *Your Nuclear Medicine Examination*

B. Introduce unit by reviewing the endocrine system, emphasizing the importance of balance in the functioning of each gland to maintain body homeostasis.

SUGGESTION:

- Give the unit test from *Practical Nursing: Volume I*, "The Endocrine System," to evaluate students' knowledge of that system.

C. Stress the importance of early diagnosis and treatment of diabetes, the number one disorder of the endocrine system.

SUGGESTION:

- Make a bulletin board of magazine and newspaper articles dealing with the diagnosis and treatment of diabetes.

D. Provide students with objective sheet.

E. Discuss unit and specific objectives.

F. Provide students with information and assignment sheets.

G. Discuss information and assignment sheets.

1. Discuss Information Sheet, Sections I and II. Stress the relationship of the endocrine system to the other systems in the body. Explain how a malfunction of one affects the others.

SUGGESTION:

- Relate the need for a balance of hormones secreted by the endocrine system to promote normal functioning of the reproductive system.

SUGGESTED ACTIVITIES

2. Reinforce Information Sheet, Sections III and IV by giving the most current information on types of tests used to diagnose diseases and disorders of the endocrine system.

   SUGGESTIONS:

   - Ask a nuclear medicine technician to speak to the class about the types of tests that use radiopaque dye to diagnose diseases and disorders of the endocrine system.
   - Show film *Your Nuclear Medicine Exam*.
   - Obtain hospital procedure book to localize information concerning the nursing interventions for each type of diagnostic test.

3. Discuss Information Sheet, Sections V and VI. Stress the importance of early detection of diseases and disorders of the thyroid and parathyroid glands.

   SUGGESTIONS:

   - Distinguish between differences in hyper- and hypo- conditions, and show pictures of patients with these conditions to illustrate differences.
   - Discuss in detail emergency treatment for thyroid storm or crisis, including administration of drugs.

4. Supplement Information Sheet, Sections VII and VIII with pictures of patients with diseases and disorders of the adrenal glands.

   SUGGESTION:

   - Obtain pictures from medical-surgical texts to show patients with diseases and disorders of the adrenal glands.

5. Reinforce Information Sheet, Sections IX and X by giving up-to-date information concerning current treatment of diseases and disorders of the pituitary gland.

   SUGGESTION:

   - Ask an endocrinologist to speak to the class about new treatments for diseases and disorders of the pituitary gland.

6. Stress the importance of observing for signs of thyroid crisis or storm and hemorrhaging following surgical procedures outlined in Information Sheet, Sections XI and XII.

   SUGGESTIONS:

   - Obtain permission for students to observe surgical procedures and to care for patients in the postoperative period, especially those who have had a thyroidectomy.

SUGGESTED ACTIVITIES

- Use Assignment Sheet #1 to have students plan care for a patient having a thyroidectomy.

7. Discuss Information Sheet, Section XIII. Emphasize the detection of early symptoms of diabetes and treatment to prevent serious complications.

   SUGGESTIONS:

   - Discuss the difference in the symptoms of insulin-dependent and non-insulin-dependent diabetes.

   - Show filmstrips *What Is Insulin-Dependent Diabetes?*, *What Is Non-Insulin-Dependent Diabetes?*, *Diet and Management of Insulin-Dependent Diabetes*, *Diet and Management of Non-Insulin-Dependent Diabetes*, *How to Prevent Problems of Insulin-Dependent Diabetes*, *How to Prevent Problems of Non-Insulin-Diabetes*, *Diabetes Millitus—Pathophysiology*, and *This Is Diabetes*.

8. Discuss Information Sheet, Section XIV, stressing the need for special care of the patient with diabetes and the importance of patient teaching.

   SUGGESTIONS:

   - Ask students to prepare a care study on a diabetic patient they have cared for, including their patient teaching plan for self-care.

   - Ask students to compare diets for diabetics using the exchange lists, point system, and calories.

   - Ask local pharmaceutical representatives for any pamphlets or teaching kits available for providing patient education concerning diabetes.

   - Show filmstrips *Care of the Patients with Diabetes*, *How to Help Someone with Diabetes*, and *Teaching the Patient with Diabetes*.

9. Discuss Information Sheet, Section XV. Stress the importance of knowing the differences between hypoinsulinism and hyperinsulinism symptoms so that appropriate intervention can take place immediately.

   SUGGESTIONS:

   - Following instruction, use test question 15 in unit test to evaluate students' knowledge of the symptoms and interventions for hypoinsulinism and hyperinsulinism.

SUGGESTED ACTIVITIES

- Review information in *Practical Nursing: Volume II*, "Pharmacology," related to administration of insulin.

10. Reinforce Information Sheet, Sections XVI and XVII with supplemental material.

SUGGESTIONS:

- Ask a diabetic clinician to speak to the class about the care of the diabetic patient in relationship to complications seen in untreated cases or following surgery.
- Show films *Low Blood Sugar Emergencies in the Diabetic Child* and *My Friend, Edi*.
- Have students complete Assignment Sheet #1 so that they may apply their knowledge of care of a juvenile diabetic.

H. Give test.

I. Reteach and retest if necessary.

III. Unit references

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C. Rosdahl, Caroline Bunker. *Textbook of Basic Nursing*, 3rd ed. Philadelphia: J. B. Lippincott Company, 1981.

D. Scherer, Jeanne C. *Introductory Medical-Surgical Nursing*, 3rd ed. Philadelphia: J. B. Lippincott Company, 1982.

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ASSESSMENT AND MANAGEMENT OF DISEASES AND DISORDERS OF THE ENDOCRINE SYSTEM
UNIT XV

INFORMATION SHEET

I. Terms and definitions

   A. Postprandial — Following a meal

   B. Exophthalmos — Abnormal protrusion of eyeball

   C. Hyperpyrexia — Elevation of body temperature above 106°F

   D. Psychosis — Mental disturbance in which there is personality disintegration and loss of contact with reality

   E. Virilism — Presence or development of male secondary characteristics in a woman

   (NOTE: In virilism there is an excess of facial hair, deepening of voice, atrophy of breasts, and cessation of menses.)

   F. Diabetes mellitus — Disorder of carbohydrate metabolism characterized by hyperglycemia and glycosuria

   (NOTE: An individual may have glucose in the blood and urine only when exposed to stress situations such as illness, surgery, pregnancy, and injury.)

   G. Ketosis — Accumulation of ketone bodies in the body

   (NOTE: Ketosis results from the incomplete metabolism of fatty acids, generally from carbohydrate deficiency or inadequate utilization. Ketonuria is an early sign of acidosis in patients with diabetes mellitus.)

   H. Retinopathy — Any disorder of retina

   I. Proliferative — Multiplying, as by formation of new tissue cells

   J. Neuropathy — Any disorder of nerves

II. Conditions that affect the endocrine system

   A. Malfunctions

   EXAMPLES: Myxedema, diabetes, Addison's disease

   B. Infections

   EXAMPLE: Thyroiditis

INFORMATION SHEET

C. Tumors

EXAMPLES: Pheochromocytoma, pituitary tumor

III. Common procedures used to diagnose diseases and disorders of the endocrine system

A. Blood thyroid studies — Used to determine amount of thyroid hormones in venous blood

EXAMPLES: Serum I, resin T3 uptake, TSH, radioimmunoassay (RIA)

B. Fasting blood sugar — Used to determine level of sugar in blood after a determined amount of time in which food and fluids are held

C. Glucose tolerance test (GTT) — Used to determine levels of sugar in venous blood and urine following oral administration of a glucose substance

(NOTE: A fasting blood sugar is usually performed before the patient takes in the glucose substance. A urine sample is also taken and tested before the GTT is begun. After the patient takes the substance, blood and urine samples are taken at intervals of one-half hour, one hour, two hours, and three hours. A glucose preparation can also be given IV.)

D. Two-hour postprandial test — Used to determine level of sugar in venous blood two hours after the ingestion of a high carbohydrate meal

(NOTE: Some physicians order a predetermined diet to be eaten by the patient before the test.)

E. Tape tests — Used to determine elements in capillary blood

(NOTE: Tape tests vary in their ability to measure various elements in the blood. In diabetes, tape tests measure the amount of blood glucose.)

F. Diabetic urine tests — Used to determine amount of sugar and ketones in urine

(NOTE: There are numerous procedures used to test the presence of sugar and ketones in the urine. Clinitest, Test-Tape, Clinistix, and Diastix are just a few used to determine the sugar content. Acetest, Ketostix, and Keto-Diastix are used to determine the presence of ketones.)

IV. Nursing interventions for caring for patients undergoing diagnostic procedures for the endocrine system

A. Blood studies

1. Check physician's orders and make out requisition slips

INFORMATION SHEET

2. Notify laboratory of tests to be done

3. Obtain any specific equipment to be used for tests

4. Explain procedure to patient and obtain signed informed consent form if needed

5. Document procedure

6. Check results and notify physician of any abnormal values

B. Fasting blood sugar

1. Check physician's orders and make out requisition slips

2. Notify laboratory of tests to be done

   (NOTE: The physician may order a STAT blood sugar on a patient even though the patient has not been fasting. Let the laboratory know this information.)

3. Make patient NPO if specimen is to be drawn the next morning

   (NOTE: Post signs and communicate with primary caregiver that patient is to be NPO.)

4. Document procedure

5. Check results and notify physician of any abnormal values

C. Glucose tolerance test

1. Check physician's orders and make out requisition slips

2. Notify laboratory of tests to be done

3. Obtain glucose preparation

4. Explain procedure to patient and obtain cooperation

5. Obtain fasting blood sugar and urine specimen

6. Give glucose preparation and notify laboratory of times to obtain blood specimens

7. Communicate with primary caregiver the times to obtain urine specimens

INFORMATION SHEET

8. Document procedure
9. Check results and notify physician of any abnormal values

D. Two-hour postprandial test

1. Check physician's orders and make out requisition slips
2. Notify laboratory of test to be done
3. Order specific diet, if required, from diet kitchen
4. Ask patient to consume all food given, if possible
5. Notify laboratory when patient has finished eating and of time to obtain blood
6. Document procedure
7. Check results and notify physician of any abnormal values

E. Tape tests

EXAMPLES: Capillary blood and urine for sugar or ketones

1. Check physician's orders
2. Obtain equipment needed
3. Communicate with primary caregiver the type of test needed and times to obtain specimens
4. Explain procedure to patient and obtain cooperation in obtaining specimens
5. Document procedure
6. Check results and notify physician of any abnormal values
7. Teach patient to perform test if this will be part of the home care

F. Diabetic urine tests

1. Check physician's orders
2. Obtain equipment needed
3. Communicate with primary caregiver the type of test needed and times to obtain specimens

INFORMATION SHEET

4. Explain procedure to patient and obtain cooperation in obtaining specimens

5. Document procedure

6. Check results and notify physician of any abnormal values

V. Descriptions of diseases and disorders of the thyroid and parathyroid glands

A. Hypothyroidism (myxedema) — Lowered basal metabolism due to a deficiency of thyroid secretions

(NOTE: When this condition is present at birth, it is known as *cretinism*.)

B. Hyperthyroidism (Graves' disease) — Increase in metabolism rate due to an oversecretion of thyroid secretions

(NOTE: This condition causes an increased demand for food to support the metabolic activity. Hyperthyroidism in advanced stages is known as *Basedow's disease* or *exophthalmic goiter*.)

C. Thyroiditis — Inflammatory disorder of thyroid gland

D. Endemic goiter — Enlargement of thyroid gland that may be due to lack of iodine in diet, thyroiditis, inflammation, tumors, or hyper- or hypo-functioning

E. Thyroid cancer — Malignant growth affecting thyroid gland

F. Thyroid storm or crisis — Severe hyperthyroidism that is a life-threatening condition

(NOTE: A thyroid storm or crisis can be caused from stress, injury, tooth extraction, nonthyroid surgery, diabetic acidosis, digitalis intoxication, or abrupt withdrawal of antithyroid drugs.)

G. Hyperparathyroidism — Bony calcification and development in the kidneys of renal stones that contain calcium due to overgrowth of parathyroid glands

H. Hypoparathyroidism — Elevation of blood phosphate and decrease of blood calcium causing general muscular hypertonia due to a deficiency of parathormone

VI. Symptoms and interventions for diseases and disorders of the thyroid and parathyroid glands (See Table 1)

INFORMATION SHEET

TABLE 1

Disease or Disorder	Symptoms	Interventions
Hypothyroidism (myxedema)	*Early—* Fatigue Alopecia Brittle nails Dry skin Numbness and tingling of fingers Menstrual irregularities Loss of libido *Late—* Subnormal temperature and pulse rate Weight gain Thickened skin Menorrhagia Masklike expression of face Irritability Apathy Slow speech and mental processes Enlarged tongue Increase in size of hands and feet Personality changes similar to schizoid paranoia	Assist with diagnostic tests Obtain full patient history Administer prescribed replacement hormones Prevent chilling of patient Encourage increased intake of fluids Monitor I & O Provide diet containing fruit and vegetables for fiber to prevent constipation Monitor the use of any sedative or hypnotic drugs as patients have an increased susceptibility to their effects Observe for signs of angina and possible MI (NOTE: Coronary sclerosis is common in patients who have had myxedema for a long period of time.) Observe for hypotension, bradycardia, hypothermia, and convulsions that could lead to coma in untreated condition
Hyperthyroidism (Graves' disease)	Nervousness Hyperexcitability Abnormally rapid pulse Diaphoresis Continuous salmon-colored flush of skin Warm, soft, moist skin Fine tremor of hands Exophthalmos Increased appetite with progressive weight loss Muscle fatigue Changes in bowel habits Cardiac decompensation Characteristic thrill over thyroid arteries Enlarged thyroid gland	Assist with diagnostic tests Administer prescribed antithyroid drugs to decrease synthesis of thyroid hormones Provide care for patient before and after radiation therapy Provide pre- and postoperative care if surgical removal of the gland is indicated Provide a calm environment Provide small, well-balanced meals Avoid giving foods that are highly seasoned or contain caffeine Remind patient to avoid intake of alcohol Restrict intake of fluids and salt if edema is a problem Instill prescribed eyedrops for exophthalmos

INFORMATION SHEET

Disease or Disorder	Symptoms	Interventions
Thyroiditis	Painful swelling in anterior neck Reddened skin over area Chills and fever Irritability Insomnia Weight loss	Administer prescribed antiinflammatory medications Treat symptomatically Keep patient warm and prevent chilling
Endemic goiter	Swelling of neck	Administer prescribed iodine replacement Provide pre- and postoperative care if surgical removal is indicated Educate patient in the taking of iodine preparations or in the addition of salt with iodine to the diet (NOTE: There are regions of the United States that are iodine poor. Persons in these areas need iodine supplements.)
Thyroid storm or crisis	Hyperpyrexia Extreme tachycardia (over 130) Temperature 100 degrees or above Weight loss, diarrhea, abdominal pain if GI tract affected Edema, chest pain, dyspnea, palpitations if cardiovascular affected Psychosis, coma if neurological components affected [illegible]TE: Untreated thyroid storm is almost always fatal.)	Apply ice packs to reduce temperature and heart rate Administer prescribed antipyretic Administer oxygen Monitor prescribed IV fluids of dextrose and sodium iodide if ordered Administer prescribed cardiac agents if needed Assess vital signs as needed
Hyperparathyroidism	Muscular weakness Nausea and vomiting Constipation Cardiac arrhythmias Fatigue Apathy Renal stones Demineralization of bones and formation of bony tumors if prolonged condition	Assist with diagnostic tests Strain all urine Encourage increased intake of fluids Encourage mobility Encourage a balanced diet, but limit calcium and phosphorus Promote routine elimination habits through mobility and prescribed stool softeners Provide pre- and postoperative care if surgical removal of parathyroid gland is needed Observe carefully for postoperative tetany

INFORMATION SHEET

Disease or Disorder	Symptoms	Interventions
Hypoparathyroidism	Tetany of muscles Tremors and spasmodic movements of muscles Numbness or tingling in extremities (NOTE: Tetany and spasms may include carpopedal, broncho, and laryngeal spasms.) Dysphagia Photophobia Convulsions Anxiety Irritability Delirium	Assist with diagnostic tests Maintain calm, quiet environment Provide a diet high in calcium but low in phosphorus (NOTE: Milk and milk products and egg yolks should be restricted due to high content of phosphorus.) Administer prescribed calcium gluconate, vitamin D preparations Keep calcium gluconate at bedside for emergency IV administration Observe for cardiac and respiratory complications

VII. Diseases and disorders of the adrenal glands

A. Addison's disease — Progressive destruction and idiopathic atrophy of the adrenal cortex resulting in a deficiency of adrenal cortical hormones

(NOTE: Addison's disease can also be caused from infections such as tuberculosis or histoplasmosis.)

B. Cushing's syndrome — Excessive secretion of glucocorticoids due to hypersecretion of the adrenal cortex

(NOTE: Cushing's syndrome may be caused from a tumor or excessive stimulation of the gland as a result of hyperfunction of the pituitary. Prolonged use of adrenocortical hormones also may cause this syndrome.)

C. Pheochromocytoma — Tumor of the adrenal medulla, causing arterial hypertension and other cardiovascular disturbances

VIII. Symptoms and interventions for diseases and disorders of the adrenal glands (See Table 2)

INFORMATION SHEET

TABLE 2

Disease or Disorder	Symptoms	Interventions
Addison's disease	*Early—* Fatigue Generalized dark pigmentation of the skin Hypotension Hypoglycemia Muscular weakness Low blood sodium High serum potassium Anorexia (NOTE: Symptoms may go unnoticed or patient may not be aware of the early signs. Crisis may occur suddenly.) *Crisis—* Acute hypotension Cyanosis Fever Pallor Rapid, weak pulse Rapid respirations Headache Nausea and vomiting Abdominal pain Diarrhea Confusion	Assist with diagnostic tests Observe for further symptoms of shock Monitor prescribed IV fluids to restore blood circulation and treat hypotension Take vital signs as needed Maintain calm atmosphere Encourage oral fluids, both fruit juices and salted broth, after acute state to help balance electrolytes Observe for sodium and potassium imbalance Administer prescribed hydrocortisones Educate patient concerning dosages of medication and symptoms of toxicity Encourage patient to see physician for follow-up visits
Cushing's syndrome	Obesity in trunk, with thin extremities Moon face Buffalo hump Fullness in supraclavical area Purple striae on stretch points across abdomen, hips, and shoulders Osteoporosis in women Virilism in women Weakness Hypertension Psychosis in some patients	Assist with diagnostic tests Provide diet high in protein, low in carbohydrates and sodium, with supplements of potassium Provide emotional support to patient, especially if there are changes in physical appearance and altered behavior Take complete patient history to determine cause, especially if patient has been taking corticosteroids for a long period of time Provide pre- and postoperative care if a bilateral adrenalectomy is needed for adrenal hyperplasia

INFORMATION SHEET

Disease or Disorder	Symptoms	Interventions
Pheochromocytoma	Intermittent or persistent hypertension Diaphoresis Tachycardia Tremor Nervousness Hyperglycemia Air hunger Nausea and vomiting Diarrhea Abdominal pain	Assist with diagnostic tests Administer prescribed antihypertensive drugs Monitor vital signs as needed Provide pre- and postoperative care in removal of tumor

IX. Descriptions of diseases and disorders that affect the pituitary gland

A. Hypopituitarism — Insufficiency resulting from loss of anterior lobe of pituitary gland

(NOTE: The total destruction of the pituitary gland, either by a tumor or trauma, removes any stimulus that is normally received by the gonads, adrenal glands, and thyroid.)

B. Pituitary tumors — Malignant and benign growths located in pituitary gland

(NOTE: Tumors that affect the pituitary can be an overgrowth of eosinophilic cells, chromophobic cells, and basophilic cells.)

C. Diabetes insipidus — Inadequate secretion of vasopressin, the antidiuretic hormone, by posterior lobe of pituitary gland

(NOTE: Diabetes insipidus is more common in the young person than in the adult.)

X. Symptoms and interventions for diseases and disorders that affect the pituitary gland (Table 3)

TABLE 3

Disease or Disorder	Symptoms	Interventions
Hypopituitarism	Atrophy of all organs Emaciation Alopecia Hypometabolism Amenorrhea Hypoglycemia Coma leading to death	Assist with diagnostic tests Give supportive care (NOTE: There is no cure at this time for hypopituitarism.)

INFORMATION SHEET

Disease or Disorder	Symptoms	Interventions
Eosinophilic tumor (NOTE: If this tumor develops early in life, it results in giantism. If the condition develops in adult life, it results in acromegaly.)	*Giantism*— Proportions all large (over 7 feet tall) Extreme weakness *Acromegaly*— Excessive skeletal growth only in hands, feet, molar eminences, nose, and chin Enlargement in every tissue and organ Muscular weakness Endocrine weakness Headaches Blindness in some patients	Assist with diagnostic tests Give supportive care (NOTE: There is no cure at this time for eosinophilic tumors.)
Basophilic tumor	Cushing's syndrome symptoms, including amenorrhea, girdle obesity, hypertension, osteoporosis Polycythemia	Treat symptomatically
Chromophobic tumor	Obesity Headaches Loss of libido Dry, soft, pale skin Small bones Fine, thin hair Visual problems leading to blindness Polyuria Polyphagia Lowered basal metabolic rate Subnormal temperature	Treat symptomatically Provide pre- and postoperative care if removal of tumor is indicated
Diabetes insipidus	Polydipsia Voiding of large amounts of very dilute urine	Assist with diagnostic tests Administer prescribed vasopressin drug Give support and counsel patient in use of therapeutic drugs

INFORMATION SHEET

XI. Common surgical procedures used in treating diseases and disorders of the endocrine system

A. Thyroidectomy — Removal of thyroid gland

B. Adrenalectomy — Removal of adrenal gland

C. Hypophysectomy — Removal of pituitary gland

D. Parathyroidectomy — Removal of one or more of parathyroid glands

XII. General nursing interventions for caring for patients undergoing surgical procedures for diseases or disorders of the endocrine system

A. Obtain completed informed consent prior to procedure

B. Explain to patient what to expect following surgery

EXAMPLE: Thyroidectomy patients should be instructed to support their necks with their hands to support incisional areas.

C. Observe patient carefully for thyroid storms, adrenal insufficiency, and cardiac abnormalities

D. Observe for symptoms of excessive bleeding

(NOTE: Be sure to check behind patient's neck after a thyroidectomy because blood may pool in that area.)

E. Observe for return of swallowing and gag reflexes after thyroidectomy

F. Have a tracheostomy set at the bedside following neck surgery

XIII. Symptoms of insulin-dependent and non-insulin-dependent diabetes mellitus

A. Insulin-dependent diabetes mellitus

(NOTE: Insulin-dependent diabetes mellitus usually occurs during childhood, but may develop at any age. This condition in childhood is known as *juvenile diabetes*.)

1. Weight loss
2. Polydipsia
3. Polyuria
4. Polyphagia

INFORMATION SHEET

5. Hyperglycemia
6. Glycosuria

B. Non-insulin-dependent diabetes mellitus

(NOTE: Non-insulin-dependent diabetes mellitus is also know as *maturity-onset diabetes*. It usually occurs after age forty, but young persons who do not require insulin and who are not ketotic can have this type of diabetes.)

1. Fatigue
2. Itching of skin
3. Nocturia
4. Blurring of vision
5. Irritability
6. Skin wounds that heal poorly
7. Muscle cramps
8. Decreased resistance to infection

XIV. Nursing interventions for caring for diabetic patients

A. Diet

1. Become familiar with the present diet therapy used to plan patient's daily menus
2. Teach patient to calculate diet and to make well-balanced meals with a variety of foods

   (NOTE: Some diabetic diets are calculated according to calories, while others are designed with an exchange system. Become familiar with planning menus according to the diet therapy used.)
3. Stress the importance of regular times for meals and the need for balanced intake of food
4. Direct patients and families to agencies that provide additional assistance in planning diets for diabetics

   (NOTE: The American Diabetes Association provides pamphlets on menu planning and provides special recipes that are nutritious and tasty for the whole family.)

INFORMATION SHEET

B. Exercise

1. Instruct patient in a daily exercise routine, depending on physical status

2. Stress the need for a balance of diet, medication if applicable, and exercise

   (NOTE: Remind patients that if they are unable to exercise due to travel, illness, or a break in the usual daily routine, they will need to adjust diet and medication.)

C. Skin care

1. Use mild soap and warm water to bathe patient

2. Rinse and dry skin thoroughly

   (NOTE: Pat skin dry with soft towel to prevent abrasion and dryness of skin.)

3. Bathe feet daily in warm water, and dry between toes well

4. Inspect skin daily for any abrasions

5. Remind patient to cut toenails straight across

6. Check patient's shoes to be sure that they fit well and do not rub or bind the feet

7. Instruct patient in skin care

D. Medication (insulin and hypoglycemics)

1. Administer insulin or hypoglycemic at prescribed times

2. Observe frequently for symptoms of adverse reaction to insulin or hypoglycemic

3. Teach patient to administer insulin using prescribed technique

   (NOTE: Insulin may be given subcutaneously or with an infusion pump.)

E. Urine testing

1. Test urine at prescribed times

   (NOTE: Urine testing is usually done before meals and at bedtime.)

INFORMATION SHEET

2. Instruct patient in performing urine tests, making sure that results are accurate before discharge

3. Stress the importance of accuracy in testing urine because this is the basis for the amount of insulin administered

F. Blood testing

1. Perform capillary stick and use prescribed strip test to assess blood glucose

2. Instruct patient in how to perform capillary stick and how to use tape test

XV. Symptoms and interventions of hypoinsulinism and hyperinsulinism (Table 4)

TABLE 4

Complication	Symptoms	Interventions
Hypoinsulinism (diabetic coma)	Slow and gradual onset Flushed, dry, and hot skin Drowsiness, lethargy, delirium, or coma Labored respirations (Kussmaul's breathing) Nausea, anorexia, thirst Positive sugar and acetone in urine High blood sugar, usually over 130 Fruity, sweet-smelling breath with ketosis (acetone breath) Abdominal pain	Administer prescribed insulin following assessment of level of blood sugar (NOTE: Regular insulin is given IV in an emergency situation.)
Hyperinsulinism (insulin shock)	Sudden onset Pale, cool, diaphoretic skin Nervousness, irritability, trembling, disorientation, unconsciousness Rapid, shallow respirations Hunger Negative sugar and acetone in urine Low blood sugar, usually below 60 Headaches	Administer glucose (NOTE: Glucose may be given in the form of hard candy or orange juice, or IV preparation may be given.)

INFORMATION SHEET

XVI. Symptoms and interventions for long-term complications of diabetes mellitus (Table 5)

TABLE 5

Complication	Symptoms	Interventions
Background retinopathy	Yellow or red spots or hardened areas on retinal capillaries	Requires no treatment unless it spreads to optic disk
Proliferative retinopathy	New growth of blood vessels at optic disk area Hemorrhage of vessels into vitreous body Detached retina Blindness	Encourage patient to have eye examination annually Encourage patient to stop smoking as this causes further vascular problems Provide pre- and postoperative care if vitrectomy is indicated Provide care for patient undergoing photocoagulation
Impaired circulation of lower extremities	Paleness of lower extremities Decrease in pulse volume in lower extremities Loss of hair over dorsal part of foot Thickened toenails Brown spots on skin of lower extremities Coldness of feet and lower legs Increase in healing time of wounds to lower extremities Susceptibility to local infections Gangrene of lower extremities	Assess circulatory status of lower extremities Inspect lower extremities, especially feet, for any signs of trauma Bathe feet and carefully dry, especially between toes Trim toenails straight across Make sure that patient's shoes fit well Instruct patient to bathe and examine feet daily Treat affected areas as ordered by physician Provide pre- and postoperative care if amputation is indicated
Urinary tract infections	Frequency Urgency Burning and pain on urination Bearing down sensation in bladder	Assess urinary status Obtain urinalysis Administer prescribed medication Encourage patient to increase intake of water Instruct patient to contact physician when first symptoms appear
Diabetic neuropathy of lower extremities	Pain (dull or aching, cramping, burning, or crushing) Numbness Tingling	Assess affected areas Instruct patient to examine lower extremities daily Caution patient not to use an electric heating pad or hot water bottle to warm lower limbs Administer prescribed analgesics

INFORMATION SHEET

XVII. Nursing interventions for surgical diabetic patients

A. Preoperative

1. Assess status of diabetes as prescribed

   (NOTE: Urine and blood tests should be performed to assess the patient's status. The goal is to have the diabetes under control.)

2. Obtain a fasting blood sugar the morning of surgery; report level to physician

   (NOTE: Hypoglycemia is difficult to interpret when the patient is under anesthesia. Usually IV glucose will be given throughout the surgical procedure.)

B. Postoperative

1. Monitor IV glucose infusion
2. Assess status of diabetes
3. Use a sliding scale for insulin administration as ordered
4. Observe for any signs of infection in or nonhealing of incisional site
5. Adjust insulin as patient is able to take oral diet

ASSESSMENT AND MANAGEMENT OF DISEASES AND DISORDERS OF THE ENDOCRINE SYSTEM
UNIT XV

ASSIGNMENT SHEET #1 — PLAN CARE FOR PATIENTS WITH DISEASES AND DISORDERS OF THE ENDOCRINE SYSTEM

NAME ______________________________ SCORE ______________

The endocrine system is responsible for the normal functioning of other glands, organs, and systems. There must be a balance of secretions if the functioning is to take place in a normal cycle. In some conditions, the malfunction may produce symptoms that appear gradually and the onset of illness is slow. Others may produce immediate symptoms requiring quick intervention. If further diagnostic tests determine a particular condition, then early treatment may prevent a more serious condition.

This assignment sheet provides you with two simulated case studies of patients with diseases and disorders of the endocrine system. You will need to recall some information already presented and to research some material that you will need to answer the questions. Hand completed assignment in to instructor for evaluation, or discuss in class.

Patient #1

Carol Conway, a forty-two-year-old female, was admitted to your unit for a series of tests to assess the function of her thyroid gland. Her physician has written an admitting diagnosis of probable hyperthyroidism.

A. If Ms. Conway does have hyperthyroidism, what symptoms would you see?

____

____

____

____

B. What diagnostic tests are presently being used to determine functioning of the thyroid gland?

____

____

C. Ms. Conway is upset about her appearance because she is exhibiting exophthalmos. What is exophthalmos?

____

D. Mr. Conway asks to speak to you in private. He is concerned about Ms. Conway's irritability lately and wonders if you know what is making her respond in this way. What would you tell Mr. Conway?

____

____

ASSIGNMENT SHEET #1

E. Ms. Conway is scheduled for a thyroidectomy. What specific equipment should be placed in her room postoperatively?

____

F. Postoperatively Ms. Conway's dressing is checked. What is the best technique to follow in checking the area?

____

____

G. To help prevent the patient from putting stress on the suture line, what would you tell Ms. Conway when she wants to move to a sitting position?

____

____

____

Patient #2

Laurie Roberts, fourteen-year-old patient of Dr. Hawley, was brought to your unit via the ER. She was found unconscious by her mother and was rushed to the ER by ambulance.

A. Dr. Hawley ordered a series of tests for Laurie. The blood sugar indicated diabetic coma. What would be the first emergency action?

____

____

B. What are the symptoms of diabetic coma? What causes this complication?

____

____

____

____

____

C. At what times will the urine tests be done to determine the amount of insulin Laurie needs?

____

ASSIGNMENT SHEET #1

D. Dr. Hawley has decided to place Laurie on a sliding scale insulin dosage schedule until her diabetes is under control. His orders are as follows:

Give U100 for 5 units for trace
10 units for 1+
15 units for 2+
20 units for 3+
25 units for 4+

The nursing assistant tells you at 4:00 P.M. that Laurie's urine test showed 2+. How much insulin would you give?

____

E. What type(s) of insulin is given IV?

____

F. What areas will you discuss with Laurie's parents in preparing them for her home care?

____

____

G. Laurie's parents want to know when Laurie can stop taking the insulin. What would you tell them?

____

____

H. What would you tell Laurie's parents to do to respond appropriately to hyperinsulinism and hypoinsulinism?

____

____

____

____

____

ASSESSMENT AND MANAGEMENT OF DISEASES AND DISORDERS OF THE ENDOCRINE SYSTEM
UNIT XV

ANSWERS TO ASSIGNMENT SHEET

Assignment Sheet #1 (Suggested answers)

Patient #1

A. Symptoms of hyperthyroidism are nervousness; hyperexcitability; abnormally rapid pulse; diaphoresis; continuous flush of skin; fine tremor of hands; exophthalmos; warm, moist, soft skin; increased appetite; muscle fatigue; change in bowel habits; cardiac decompensation; thrill over thyroid arteries; enlarged thyroid gland.

B. Current thyroid diagnostic tests are Serum I, Resin T3 uptake, TSH, radioimmunoassay RIA (others may be more current).

C. Exophthalmos is protrusion of the eyeballs.

D. Ms. Conway's disorder causes her to be nervous and irritable.

E. Tracheostomy setup

F. The nurse should slip a hand behind the patient's neck and check for blood on the back of the neck and the bed linens.

G. Have patient place both hands behind the head and hold securely in place when moving to a sitting position.

Patient #2

A. The first emergency action would be to give regular insulin IV.

B. Flushed, dry, and hot skin; drowsiness; lethargy; delirium; coma; labored breathing (Kussmaul's breathing); nausea; anorexia; thirst; positive sugar and acetone in urine; high blood sugar, usually over 130; fruity, sweet-smelling breath with ketosis; and abdominal pain; diabetic coma is caused from an absence of or inadequate amount of insulin.

C. Before meals and at bedtime

D. 15U of U100

E. Regular

F. Diet, exercise, skin care, medication, urine testing, blood testing

G. At this time, juvenile diabetics are totally insulin dependent. Laurie will need to have insulin dosages adjusted as she matures.

ANSWERS TO ASSIGNMENT SHEET

H. If Laurie shows symptoms of hyperinsulinism, the parents should assess level of glucose in blood and urine and contact physician for further treatment. If Laurie is in acute stage, she should be taken to hospital for treatment. If symptoms of hypoinsulinism are evident, Laurie should be given orange juice or hard candy.

PN III - 1231-A

ASSESSMENT AND MANAGEMENT OF DISEASES AND DISORDERS OF THE ENDOCRINE SYSTEM
UNIT XV

TEST

NAME ________________________________ SCORE ______________

1. Match to their correct definitions terms associated with diseases and disorders of the endocrine system. Write the correct numbers in the blanks.

_____a. Following a meal

_____b. Abnormal protrusion of eyeball

_____c. Elevation of body temperature above 106°F

_____d. Mental disturbance in which there is personality disintegration and loss of contact with reality

_____e. Presence or development of male secondary characteristics in a woman

_____f. Disorder of carbohydrate metabolism characterized by hyperglycemia and glycosuria

_____g. Accumulation of ketone bodies in the body

_____h. Any disorder of retina

_____i. Multiplying, as by formation of new tissue cells

_____j. Any disorder of nerves

1. Hyperpyrexia
2. Retinopathy
3. Virilism
4. Neuropathy
5. Postprandial
6. Psychosis
7. Ketosis
8. Exopthalmos
9. Diabetes mellitus
10. Proliferative

2. List conditions that affect the endocrine system.

a. ____

b. ____

c. ____

TEST

3. Match to their correct uses common procedures used to diagnose diseases and disorders of the endocrine system. Write the correct numbers in the blanks.

______a. Used to determine amount of thyroid hormones in venous blood

______b. Used to determine level of sugar in blood after a determined amount of time in which food and fluids are held

______c. Used to determine levels of sugar in venous blood and urine following oral administration of a glucose substance

______d. Used to determine level of sugar in venous blood two hours after the ingestion of a high carbohydrate meal

______e. Used to determine elements in capillary blood

______f. Used to determine the amount of sugar and ketones in urine

1. Fasting blood sugar
2. Tape tests
3. Two-hour postprandial test
4. Blood thyroid studies
5. Diabetic urine tests
6. Glucose tolerance test (GTT)

4. State nursing interventions for caring for patients undergoing diagnostic procedures for the endocrine system.

a. Blood studies

1) ______________________________

2) ______________________________

3) ______________________________

4) ______________________________

5) ______________________________

6) ______________________________

b. Fasting blood sugar

1) ______________________________

2) ______________________________

3) ______________________________

4) ______________________________

TEST

5) ______________________________

c. Glucose tolerance test

1) ______________________________

2) ______________________________

3) ______________________________

4) ______________________________

5) ______________________________

6) ______________________________

7) ______________________________

8) ______________________________

9) ______________________________

d. Two-hour postprandial test

1) ______________________________

2) ______________________________

3) ______________________________

4) ______________________________

5) ______________________________

6) ______________________________

7) ______________________________

e. Tape tests

1) ______________________________

2) ______________________________

3) ______________________________

4) ______________________________

TEST

5) ______________________________

6) ______________________________

7) ______________________________

f. Diabetic urine tests

1) ______________________________

2) ______________________________

3) ______________________________

4) ______________________________

5) ______________________________

6) ______________________________

5. Match to their correct descriptions diseases and disorders of the thyroid and parathyroid glands. Write the correct numbers in the blanks.

_____a. Lowered basal metabolism due to a deficiency of thyroid secretions

_____b. Increase in metabolism rate due to an oversecretion of thyroid secretions

_____c. Inflammatory disorder of thyroid gland

_____d. Enlargement of thyroid gland that may be due to lack of iodine in diet, thyroiditis, inflammation, tumors, or hyper- or hypofunctioning

_____e. Malignant growth affecting thyroid gland

_____f. Severe hyperthyroidism that is a life threatening condition

_____g. Bony calcification and development in the kidneys of renal stones that contain calcium due to overgrowth of parathyroid glands

_____h. Elevation of blood phosphate and decrease of blood calcium causing general muscular hypertonia due to a deficiency of parathormone

1. Thyroiditis
2. Hyperparathyroidism
3. Hyperthyroidism (Graves' disease)
4. Hypothyroidism (myxedema)
5. Hypoparathyroidism
6. Thyroid cancer
7. Endemic goiter
8. Thyroid storm or crisis

TEST

6. Identify diseases and disorders of the thyroid and parathyroid glands according to their symptoms and interventions. Write the correct names in the blanks.

Hypothyroidism (myxedema)	**Thyroid storm or crisis**
Hyperthyroidism (Graves' disease)	**Hyperparathyroidism**
Thyroiditis	**Hypoparathyroidism**
Endemic goiter	

Disease or Disorder	Symptoms	Interventions
a. ______________ ______________	Hyperpyrexia Extreme tachycardia (over 130) Temperature 100 degrees or above Weight loss, diarrhea, abdominal pain if GI tract is affected Edema, chest pain, dyspnea, palpitations if cardiovascular affected Psychosis, coma if neurological components affected	Apply ice packs to reduce temperature and heart rate Administer prescribed antipyretic Administer oxygen Monitor prescribed IV fluids of dextrose and sodium iodide if ordered Administer prescribed cardiac agents if needed Assess vital signs as needed
b. ______________ ______________	Painful swelling in anterior neck Reddened skin over area Chills and fever Irritability Insomnia Weight loss	Administer prescribed antiinflammatory medications Treat symptomatically Keep patient warm and prevent chilling
c. ______________ ______________	*Early—* Fatigue Alopecia Brittle nails Dry skin Numbness and tingling of fingers Menstrual irregularities Loss of libido *Late—* Subnormal temperature and pulse rate Weight gain Thickened skin Menorrhagia Masklike expression of face Irritability Apathy Slow speech and mental processes Enlarged tongue Increase in size of hands and feet Personality changes similar to schizoid paranoia	Assist with diagnostic tests Obtain full patient history Administer prescribed replacement hormones Prevent chilling of patient Encourage increased intake of fluids Monitor I & O Provide diet containing fruit and vegetables for fiber to prevent constipation Monitor the use of any sedative or hypnotic drugs as patients have an increased susceptibility to their effects Observe for signs of angina and possible MI Observe for hypotension, bradycardia, hypothermia, and convulsions that could lead to coma in untreated condition

TEST

Disease or Disorder	Symptoms	Interventions
d. ____________ ____________	Swelling of neck	Administer prescribed iodine replacement Provide pre- and postoperative care if surgical removal is indicated Educate patient in the taking of iodine preparations or in the addition of salt with iodine to the diet
e. ____________ ____________	Muscular weakness Nausea and vomiting Constipation Cardiac arrhythmias Fatigue Apathy Renal stones Demineralization of bones and formation of bony tumors if prolonged condition	Assist with diagnostic tests Strain all urine Encourage increased intake of fluids Encourage mobility Encourage a balanced diet, but limit calcium and phosphorus Promote routine elimination habits through mobility and prescribed stool softeners Provide pre- and postoperative care if surgical removal of parathyroid gland is needed Observe carefully for postoperative tetany
f. ____________ ____________	Nervousness Hyperexcitability Abnormally rapid pulse Diaphoresis Continuous salmon-colored flush of skin Warm, soft, moist skin Fine tremor of hands Exophthalmos Increased appetite with progressive weight loss Muscle fatigue Changes in bowel habits Cardiac decompensation Characteristic thrill over thyroid arteries Enlarged thyroid gland	Assist with diagnostic tests Administer prescribed antithyroid drugs to decrease synthesis of thyroid hormones Provide care for patient before and after radiation therapy Provide pre- and postoperative care if surgical removal of the gland is indicated Provide a calm environment Provide small, well-balanced meals Avoid giving foods that are highly seasoned or contain caffeine Remind patient to avoid intake of alcohol Restrict intake of fluids and salt if edema is a problem Instill prescribed eyedrops for exophthalmos
g. ____________ ____________	Tetany of muscles Tremors and spasmodic movements of muscles Numbness or tingling in extremities Dysphagia Photophobia Convulsions Anxiety Irritability Delirium	Assist with diagnostic tests Maintain calm, quiet environment Provide a diet high in calcium but low in phosphorus Administer prescribed calcium gluconate, vitamin D preparations Keep calcium gluconate at bedside for emergency IV administration Observe for cardiac and respiratory complications

TEST

7. Match to their correct descriptions diseases and disorders of the adrenal glands. Write the correct numbers in the blanks.

______a.	Progressive destruction and idiopathic atrophy of the adrenal cortex resulting in a deficiency of adrenal cortical hormones	1. Cushing's syndrome
______b.	Excessive secretion of glucocorticoids due to hypersecretion of the adrenal cortex	2. Pheochromocytoma
______c.	Tumor of the adrenal medulla, causing arterial hypertension and other cardiovascular disturbances	3. Addison's disease

8. Identify diseases and disorders of the adrenal glands according to their symptoms and interventions. Write the correct names in the blanks.

Addison's disease **Cushing's syndrome** **Pheochromocytoma**

Disease or Disorder	Symptoms	Interventions
a. ____________ ____________	Intermittent or persistent hypertension Diaphoresis Tachycardia Tremor Nervousness Hyperglycemia Air hunger Nausea and vomiting Diarrhea Abdominal pain	Assist with diagnostic tests Administer prescribed antihypertensive drugs Monitor vital signs as needed Provide pre- and postoperative care in removal of tumor
b. ____________ ____________	*Early*— Fatigue Generalized dark pigmentation of the skin Hypotension Hypoglycemia Muscular weakness Low blood sodium High serum potassium Anorexia *Crisis*— Acute hypotension Cyanosis Fever Pallor Rapid, weak pulse Rapid respirations Headache Nausea and vomiting Abdominal pain Diarrhea Confusion	Assist with diagnostic tests Observe for further symptoms of shock Monitor prescribed IV fluids to restore blood circulation and treat hypotension Take vital signs as needed Maintain calm atmosphere Encourage oral fluids, both fruit juices and salted broth, after acute state to help balance electrolytes Observe for sodium and potassium imbalance Administer prescribed hydrocortisones Educate patient concerning dosages of medication and symptoms of toxicity Encourage patient to see physician for follow-up visits

TEST

Disease or Disorder	Symptoms	Interventions
c. ____________ ____________	Obesity in trunk, with thin extremities Moon face Buffalo hump Fullness in supraclavical area Purple striae on stretch points across abdomen, hips, and shoulders Osteoporosis in women Virilism in women Weakness Hypertension Psychosis in some patients	Assist with diagnostic tests Provide diet high in protein, low in carbohydrates and sodium, with supplements of potassium Provide emotional support to patient, especially if there are changes in physical appearance and altered behavior Take complete patient history to determine cause, especially if patient has been taking corticosteroids for a long period of time Provide pre- and postoperative care if a bilateral adrenalectomy is needed for adrenal hyperplasia

9. Match to their correct descriptions diseases and disorders that affect the pituitary gland. Write the correct numbers in the blanks.

_____a.	Insufficiency resulting from loss of anterior lobe of pituitary gland	1. Pituitary tumors
_____b.	Malignant and benign growths located in pituitary gland	2. Diabetes insipidus
_____c.	Inadequate secretion of vasopressin, the antidiuretic hormone, by posterior lobe of pituitary gland	3. Hypopituitarism

10. Identify diseases and disorders of the pituitary gland according to their symptoms and interventions. Write the correct names in the blanks.

Diabetes insipidus
Chromophobic tumor
Basophilic tumor
Hypopituitarism
Eosinophilic tumor

Disease or Disorder	Symptoms	Interventions
a. ____________ ____________	Cushing's syndrome symptoms, including amenorrhea, girdle obesity, hypertension, osteoporosis Polycythemia	Treat symptomatically

TEST

Disease or Disorder	Symptoms	Interventions
b. ____________ ____________	Atrophy of all organs Emaciation Alopecia Hypometabolism Amenorrhea Hypoglycemia Coma leading to death	Assist with diagnostic tests Give supportive care
c. ____________ ____________	Obesity Headaches Loss of libido Dry, soft, pale skin Small bones Fine, thin hair Visual problems leading to blindness Polyuria Polyphagia Lowered basal metabolic rate Subnormal temperature	Treat symptomatically Provide pre- and postoperative care if removal of tumor is indicated
d. ____________ ____________	Polydipsia Voiding of large amounts of very dilute urine	Assist with diagnostic tests Administer prescribed vasopressin drug Give support and counsel patient in use of therapeutic drugs
e. ____________ ____________	*Giantism*— Proportions all large (over 7 feet tall) Extreme weakness *Acromegaly*— Excessive skeletal growth only in hands, feet, molar eminences, nose, and chin Enlargement in every tissue and organ Muscular weakness Endocrine weakness Headaches Blindness in some patients	Assist with diagnostic tests Give supportive care

TEST

11. Describe common surgical procedures used in treating diseases and disorders of the endocrine system.

a. Hypophysectomy — ____________________

b. Thyroidectomy — ____________________

c. Parathyroidectomy — ____________________

d. Adrenalectomy — ____________________

12. State general nursing interventions for caring for patients undergoing surgical procedures for diseases or disorders of the endocrine system.

a. ____________________

b. ____________________

c. ____________________

d. ____________________

e. ____________________

f. ____________________

13. Distinguish between symptoms of insulin-dependent and non-insulin-dependent diabetes mellitus. Write an "I" before symptoms of insulin-dependent and an "N" before symptoms of non-insulin-dependent diabetes mellitus.

______a. Weight loss

______b. Fatigue

______c. Itching of skin

______d. Nocturia

______e. Polydipsia

______f. Polyuria

______g. Irritability

______h. Polyphagia

______i. Blurring of vision

______j. Skin wounds that heal poorly

______k. Hyperglycemia

______l. Glycosuria

TEST

_____m. Muscle cramps

_____n. Decreased resistance to infection

14. State nursing interventions for caring for diabetic patients.

a. Diet

1) ____________________

____

2) ____________________

____

3) ____________________

____

4) ____________________

____

b. Exercise

1) ____________________

____

2) ____________________

____

c. Skin care

1) ____________________

2) ____________________

3) ____________________

4) ____________________

5) ____________________

6) ____________________

7) ____________________

TEST

d. Medication (insulin and hypoglycemics)

1) ______________________________

2) ______________________________

3) ______________________________

e. Urine testing

1) ______________________________

____

2) ______________________________

____

3) ______________________________

____

f. Blood testing

1) ______________________________

____

2) ______________________________

____

15. Distinguish between symptoms and interventions of hypoinsulinism and hyperinsulinism. Write a "PO" before symptoms and interventions of hypoinsulinism and a "PE" before symptoms and interventions of hyperinsulinism.

Symptoms

_____a. Slow and gradual onset

_____b. Sudden onset

_____c. Abdominal pain

_____d. Fruity, sweet-smelling breath with ketosis

_____e. Pale, cool, diaphoretic skin

_____f. Nervousness, irritability, trembling, disorientation, unconsciousness

_____g. Rapid, shallow respirations

TEST

______h. High blood sugar, usually over 130

______i. Positive sugar and acetone in urine

______j. Hunger

______k. Headaches

______l. Nausea, anorexia, thirst

______m. Negative sugar and acetone in urine

______n. Labored respirations (Kussmaul's breathing)

______o. Flushed, dry, and hot skin

______p. Drowsiness, lethargy, delirium, or coma

______q. Low blood sugar, usually below 60

Interventions

______a. Administer glucose

______b. Administer prescribed insulin following assessment of level of blood sugar

16. Identify long-term complications of diabetes mellitus according to their symptoms and interventions. Write the correct names in the blanks.

Background retinopathy
Proliferative retinopathy
Impaired circulation of lower extremities
Urinary tract infections
Diabetic neuropathy of lower extremities

Complication	Symptoms	Interventions
a. ______________ ______________	Paleness of lower extremities Decrease in pulse volume in lower extremities Loss of hair over dorsal part of foot Thickened toenails Brown spots on skin of lower extremities Coldness of feet and lower legs Increase in healing time of wounds to lower extremities Susceptibility to local infections Gangrene of lower extremities	Assess circulatory status of lower extremities Inspect lower extremities, especially feet, for any signs of trauma Bathe feet and carefully dry, especially between toes Trim toenails straight across Make sure that patient's shoes fit well Instruct patient to bathe and examine feet daily Treat affected areas as ordered by physician Provide pre- and postoperative care if amputation is indicated

TEST

Complication	Symptoms	Interventions
b. ____________ ____________	Yellow or red spots or hardened areas on retinal capillaries	Requires no treatment unless it spreads to optic disk
c. ____________ ____________	Pain (dull or aching, cramping, burning, or crushing) Numbness Tingling	Assess affected areas Instruct patient to examine lower extremities daily Caution patient not to use an electric heating pad or hot water bottle to warm lower limbs Administer prescribed analgesics
d. ____________ ____________	Frequency Urgency Burning and pain on urination Bearing down sensation in bladder	Assess urinary status Obtain urinalysis Administer prescribed medication Encourage patient to increase intake of water Instruct patient to contact physician when first symptoms appear
e. ____________ ____________	New growth of blood vessels at optic disk area Hemorrhage of vessels into vitreous body Detached retina Blindness	Encourage patient to have eye examination annually Encourage patient to stop smoking as this causes further vascular problems Provide pre- and postoperative care if vitrectomy is indicated Provide care for patient undergoing photocoagulation

17. Select from the following list nursing interventions for surgical diabetic patients. Write an "X" in the blank before each correct answer.

Preoperative

_____a. Increase insulin dosage the morning of surgery to counteract IV fluids given during procedure

_____b. Assess status of diabetes as prescribed

TEST

_____c. Obtain a fasting blood sugar the morning of surgery; report level to physician

_____d. Make sure that acetone test is negative before sending patient to surgery

Postoperative

_____a. Monitor IV glucose infusion

_____b. Assess status of diabetes

_____c. Use a sliding scale for insulin administration as ordered

_____d. Restrict all oral fluids

_____e. Observe for any signs of infection in or nonhealing of incisional site

_____f. Provide diet high in carbohydrates to promote healing

_____g. Adjust insulin as patient is able to take oral diet

(NOTE: Test question 18 lists the assignment sheet. It is an important part of this test. If it has not been completed, check with your instructor.)

18. Plan care for patients with diseases and disorders of the endocrine system.

ASSESSMENT AND MANAGEMENT OF DISEASES AND DISORDERS OF THE ENDOCRINE SYSTEM
UNIT XV

ANSWERS TO TEST

1. a. 5
   b. 8
   c. 1
   d. 6
   e. 3
   f. 9
   g. 7
   h. 2
   i. 10
   j. 4

2. a. Malfunctions
   b. Infections
   c. Tumors

3. a. 4
   b. 1
   c. 6
   d. 3
   e. 2
   f. 5

4. a. Blood studies
      1) Check physician's orders and make out requisition slips
      2) Notify laboratory of tests to be done
      3) Obtain any specific equipment to be used for tests
      4) Explain procedure to patient and obtain signed informed consent form if needed
      5) Document procedure
      6) Check results and notify physician of any abnormal values
   b. Fasting blood sugar
      1) Check physician's orders and make out requisition slips
      2) Notify laboratory of tests to be done

ANSWERS TO TEST

3) Make patient NPO if specimen is to be drawn the next morning

4) Document procedure

5) Check results and notify physician of any abnormal values

c. Glucose tolerance test

1) Check physician's orders and make out requisition slips

2) Notify laboratory of tests to be done

3) Obtain glucose preparation

4) Explain procedure to patient and obtain cooperation

5) Obtain fasting blood sugar and urine specimen

6) Give glucose preparation and notify laboratory of times to obtain blood specimens

7) Communicate with primary caregiver the times to obtain urine specimens

8) Document procedure

9) Check results and notify physician of any abnormal values

d. Two-hour postprandial test

1) Check physician's orders and make out requisition slips

2) Notify laboratory of test to be done

3) Order specific diet, if required, from diet kitchen

4) Ask patient to consume all food given, if possible

5) Notify laboratory when patient has finished eating and of time to obtain blood

6) Document procedure

7) Check results and notify physician of any abnormal values

e. Tape tests

1) Check physician's orders

2) Obtain equipment needed

ANSWERS TO TEST

3) Communicate with primary caregiver the type of test needed and times to obtain specimens

4) Explain procedure to patient and obtain cooperation in obtaining specimens

5) Document procedure

6) Check results and notify physician of any abnormal values

7) Teach patient to perform test if this will be part of the home care

f. Diabetic urine tests

1) Check physician's orders

2) Obtain equipment needed

3) Communicate with primary caregiver the type of test needed and times to obtain specimens

4) Explain procedure to patient and obtain cooperation in obtaining specimens

5) Document procedure

6) Check results and notify physician of any abnormal values

5.	a.	4	e.	6
	b.	3	f.	8
	c.	1	g.	2
	d.	7	h.	5

6. a. Thyroid storm or crisis

b. Thyroiditis

c. Hypothyroidism (myxedema)

d. Endemic goiter

e. Hyperparathyroidism

f. Hyperthyroidism (Graves' disease)

g. Hypoparathyroidism

ANSWERS TO TEST

7. a. 3
   b. 1
   c. 2

8. a. Pheochromocytoma
   b. Addison's disease
   c. Cushing's syndrome

9. a. 3
   b. 1
   c. 2

10. a. Basophilic tumor
    b. Hypopituitarism
    c. Chromophobic tumor
    d. Diabetes insipidus
    e. Eosinophilic tumor

11. a. Hypophysectomy — Removal of pituitary gland
    b. Thyroidectomy — Removal of thyroid gland
    c. Parathyroidectomy — Removal of one or more of parathyroid glands
    d. Adrenalectomy — Removal of adrenal gland

12. a. Obtain completed informed consent prior to procedure
    b. Explain to patient what to expect following surgery
    c. Observe patient carefully for thyroid storms, adrenal insufficiency, and cardiac abnormalities

ANSWERS TO TEST

d. Observe for symptoms of excessive bleeding

e. Observe for return of swallowing and gag reflexes after thyroidectomy

f. Have a tracheostomy set at the bedside following neck surgery

13.
a. I
b. N
c. N
d. N
e. I
f. I
g. N
h. I
i. N
j. N
k. I
l. I
m. N
n. N

14. a. Diet

1) Become familiar with the present diet therapy used to plan patient's daily menus

2) Teach patient to calculate diet and to make well-balanced meals with a variety of foods

3) Stress the importance of regular times for meals and the need for balanced intake of food

4) Direct patients and families to agencies that provide additional assistance in planning diets for diabetics

b. Exercise

1) Instruct patient in a daily exercise routine, depending on physical status

2) Stress the need for a balance of diet, medication if applicable, and exercise

c. Skin care

1) Use mild soap and warm water to bathe patient

2) Rinse and dry skin thoroughly

3) Bathe feet daily in warm water, and dry between toes well

4) Inspect skin daily for any abrasions

ANSWERS TO TEST

5) Remind patient to cut toenails straight across

6) Check patient's shoes to be sure that they fit well and do not rub or bind the feet

7) Instruct patient in skin care

d. Medication (insulin and hypoglycemics)

   1) Administer insulin or hypoglycemic at prescribed times

   2) Observe frequently for symptoms of adverse reaction to insulin or hypoglycemic

   3) Teach patient to administer insulin using prescribed technique

e. Urine testing

   1) Test urine at prescribed times

   2) Instruct patient in performing urine tests, making sure that results are accurate before discharge

   3) Stress the importance of accuracy in testing urine because this is the basis for the amount of insulin administered

f. Blood testing

   1) Perform capillary stick and use prescribed strip test to assess blood glucose

   2) Instruct patient in how to perform capillary stick and how to use tape test

15. **Symptoms**

a. PO
b. PE
c. PO
d. PO
e. PE
f. PE
g. PE
h. PO
i. PO
j. PE
k. PE
l. PO
m. PE
n. PO
o. PO
p. PO
q. PE

Interventions

a. PE
b. PO

ANSWERS TO TEST

16. a. Impaired circulation of lower extremities

    b. Background retinopathy

    c. Diabetic neuropathy of lower extremities

    d. Urinary tract infections

    e. Proliferative retinopathy

17. **Preoperative**

    b, c,

    Postoperative

    a, b, c, e, g

18. Evaluated to the satisfaction of the instructor

INTRODUCTION TO MENTAL HEALTH NURSING
UNIT I

UNIT OBJECTIVE

After completing this unit, the student should be able to identify emotional and mental illnesses from their characteristics. The student will show this knowledge by completing the assignment sheet and unit test with a minimum score of 85 percent.

SPECIFIC OBJECTIVES

After completing this unit, the student should be able to

1. Match to their correct definitions terms associated with mental health nursing.
2. Match classifications of mental illness to their correct descriptions.
3. Match personality components to their correct descriptions.
4. Match defense mechanisms to their correct descriptions.
5. Distinguish between characteristics of neurotic behavior and characteristics of psychotic behavior.
6. Identify according to their characteristics common psychoses associated with organic brain syndromes.
7. Match common functional psychoses to their correct descriptions.
8. Identify common functional psychoses according to their characteristics.
9. Match common neuroses to their correct descriptions.
10. Identify common neuroses according to their characteristics.
11. Match personality disorders to their correct descriptions.
12. List characteristics of patients suffering from anorexia nervosa or bulimia.
13. List indications of suicidal behavior.
14. Identify the most commonly abused drugs according to their symptoms and emergency interventions.
15. Match levels of mental retardation to their correct characteristics.
16. List causative agents of mental retardation.

OBJECTIVE SHEET

17. List common diseases and disorders that cause or may cause mental retardation.
18. Select from a list characteristics of Down's syndrome.
19. Identify types of behavior related to mental health.

INTRODUCTION TO MENTAL HEALTH NURSING
UNIT I

SUGGESTED ACTIVITIES

I. Unit contents

   A. Objective sheet

   B. Suggested activities

   C. Information sheet

   D. Assignment Sheet #1 — Identify Types of Behavior Related to Mental Health

   E. Answers to assignment sheet

   F. Test

   G. Answers to test

II. Instructor's guide

   A. Order materials to supplement unit.

      1. Films

         (NOTE: Films "a" through "h" are in color and run approximately thirty minutes each. They are available from the American Journal of Nursing Company, Educational Services Division, 555 West 57th Street, New York, New York 10019.)

         a. *Anxiety: Concept and Manifestations*

         b. *The Withdrawn Patient*

         c. *The Depressed Client*

         d. *The Withdrawn Client*

         e. *The Suspicious Client*

         f. *The Manipulative Client*

         g. *Suicide Intervention*

         h. *To Live As Equals*

         (NOTE: Films "i" through "o" are in color and run from fifteen to thirty-five minutes. They are available from CRM McGraw-Hill Films, 110 Fifteenth Street, Del Mar, California 92014.)

         i. *Suicide: But Jack Was a Good Driver*

SUGGESTED ACTIVITIES

j. *Neurotic Behavior: A Psychodynamic View*

k. *Depression: A Study in Abnormal Behavior*

l. *An Easy Pill to Swallow*

m. *Alcoholism: A Model of Drug Dependency*

n. *Managing Stress*

o. *Hidden Alcoholics: Why Is Mommy Sick?*

2. Filmstrips

(NOTE: Filmstrip series "a" through "c" are available from Concept Media, P.O. Box 19542, Irvine, California 92714.)

a. *Depression* series

1) *Faces of Depression*

2) *Signs and Disguises of Depression*

3) *Roots of Depression*

4) *Biochemistry of Depression*

5) *Psychopharmacological Treatment*

6) *Psychotherapies*

7) *Psycotherapies and ECT*

8) *A Nursing Challenge*

b. *Human Development: Dilemma of Six Adolescents* series

1) *I Didn't Think It Could Happen to Me*

2) *Thank God It's Only Booze*

3) *That Is Why I Am Overweight*

4) *Sometimes I'd Rather Be Alone*

5) *For the Sake of the Children*

6) *I'm on the Run*

c. *Psychopathologies: Descriptions and Interventions* series

1) *Abnormal Behavior: Overview*

SUGGESTED ACTIVITIES

2) *Abnormal Behavior: Origins*

3) *Anxiety Disorders, Part I*

4) *Anxiety Disorders, Part II*

5) *Personality Disorders*

6) *Schizophrenia: Causation*

7) *Schizophrenia: Symptomatology*

8) *Schizophrenia: Acute Care*

9) *Schizophrenia: Rehabilitation*

(NOTE: Filmstrips "d" through "l" are available from the Trainex Corporation, P.O. Box 116, Garden Grove, California 92642.)

d. *Anxiety*

e. *Defense Mechanisms: Repression, Denial, Projection, Compensation, Conversion, Rationalization*

f. *Defense Mechanisms: Regression, Displacement, Identification, Introjection, Reaction Formation, Sublimation*

g. *Depression*

h. *Hallucinations*

i. *Manic-Depressive Illness*

j. *Schizophrenia*

k. *Suicide*

l. *The Hyperactive Child*

3. Videocassettes

(NOTE: The following videocassettes are available from the Trainex Corporation, P.O. Box 116, Garden Grove, California 92642.)

a. *Depression: The Shadowed Valley*

b. *Aggression: The Explosive Emotion*

c. *Guilt: The Psychic Censor*

d. *Anxiety: The Endless Crisis*

e. *Sexuality: The Human Heritage*

SUGGESTED ACTIVITIES

f. *Autistic Children*

g. *It's All in Your Mind*

h. *Crack Up/Breakdown*

B. Introduce unit by emphasizing how times have changed in treating persons suffering from mental illness.

SUGGESTIONS:

- Ask students to discuss movies and books they have read that describe treatment of mental illness in the past.

  EXAMPLES: *One Flew Over the Cuckoo's Nest, I Never Promised You a Rose Garden*

- Use supplemental texts or magazine articles for additional material on both past and present treatment of mental illness.

C. Emphasize that anyone can suffer from mental illness at any time. Explain the relationship between anxiety and stress and the coping mechanisms.

SUGGESTION:

- Ask the class to form small groups. Have students share with their group their types of coping mechanisms and the ways in which they handle stress.

D. Provide students with objective sheet.

E. Discuss unit and specific objectives.

F. Provide students with information and assignment sheets.

G. Discuss information and assignment sheets.

1. Discuss Information Sheet, Sections I and II. Stress the importance of not labeling a patient with a class of mental illness. Remind students that each individual reacts differently, and that treatment should be based on the behavior, not on the label designating the type of illness.

   SUGGESTIONS:

   - Discuss the various classes of mental illnesses, giving examples of each.

   - Discuss myths and misconceptions in the treatment of the mentally ill.

   - Show appropriate films, filmstrips, and videocassettes.

SUGGESTED ACTIVITIES

2. Discuss Information Sheet, Sections III and IV. Explain the relationship of personality components to the development and use of defense mechanisms.

   SUGGESTIONS:

   - Ask students to write a short paragraph about the type of personality they have (or think they have) and how they handle anger, disappointment, criticism, and other conflicts.
   - Divide class into two teams. Ask one group to role-play half of the defense mechanisms, and ask the other team to identify these mechanisms. Allow the other team to role-play the other defense mechanisms with the first team identifying the mechanisms. Give points or a prize to the team that can identify the most defense mechanisms correctly.
   - Show filmstrips *Defense Mechanisms: Repression, Denial, Projection, Compensation, Conversion, Rationalization* and *Defense Mechanisms: Regression, Displacement, Identification, Introjection, Reaction Formation, Sublimation.*

3. Discuss Information Sheet, Section V. Stress the differences in neurotic and psychotic behaviors, and explain the characteristics of each.

   SUGGESTION:

   - Discuss the major differences in patients who suffer from neurosis versus those who suffer from psychosis. Stress that most psychoses are physically induced.

4. Use supplemental material to reinforce information on psychoses outlined in Information Sheet, Sections VI through VIII.

   SUGGESTIONS:

   - Show filmstrip series on psychopathologies, and other films, filmstrips, and videocassettes related to psychoses.
   - Contact local chapter of support groups such as Alcoholics Anonymous, and Alateen. Contact Alzheimer's Disease and Related Disorders Association, Inc., 1613 Andover Court, Oklahoma City, Oklahoma 73120, if local group is not available.

5. Relate types of neuroses in Information Sheet, Sections IX and X to personality disorders in Section XI.

   SUGGESTIONS:

   - Ask a psychologist or psychiatrist to speak to the class about various personality disorders and the relationship of some of the neuroses to such disorders.

SUGGESTED ACTIVITIES

- Have students complete Assignment Sheet #1 to assist them in identifying behavior related to mental health.
- Show films and filmstrips related to neuroses.

6. Reinforce Information Sheet, Section XII with current literature related to diagnosis and treatment of patients suffering from anorexia nervosa or bulimia.

   SUGGESTION:

   - Ask class to find articles in magazines, journals, newspapers, and books that cover anorexia nervosa and bulimia and their treatments. Have students share their findings with the class.

7. Discuss Information Sheet, Section XIII. Stress the importance of listening to patients who exhibit suicidal tendencies.

   SUGGESTIONS:

   - Ask a psychiatric nurse to speak to the class concerning patients who exhibit direct self-destructive characteristics. Have the speaker discuss nursing care for these patients.
   - Explain the importance of identifying and providing immediate assistance to persons who exhibit self-destructive behavior.
   - Ask a person who works with one of the crisis hotlines or suicide-prevention groups to speak to the class concerning their services.
   - Show films and filmstrips related to suicide.

8. Supplement Information Sheet, Section XIV with information from other sources.

   SUGGESTIONS:

   - Ask a psychologist who works in a drug-rehabilitation center to speak to the class about the treatment of drug-abuse patients.
   - Show films and filmstrips related to drug abuse.

9. Discuss Information Sheet, Sections XV through XVIII. Stress the importance of genetic counseling when working with parents whose child is retarded.

   SUGGESTIONS:

   - Visit an institution that cares for mentally retarded persons and ask the staff to speak to the students concerning the care given and the treatment approach for the patients.
   - Show films, filmstrips, and videocassettes related to mental retardation.

SUGGESTED ACTIVITIES

H. Give test.

I. Reteach and retest if necessary.

III. Unit references

A. Morgan, Arthur James, and Mabyl K. Johnston. *Mental Health and Mental Illness.* Philadelphia: J. B. Lippincott Company, 1976.

B. Stuart, Gail Wiscarz,'' and Sandra J. Sundeen. *Principles and Practice of Psychiatric Nursing.* St. Louis: The C. V. Mosby Company, 1983.

INTRODUCTION TO MENTAL HEALTH NURSING
UNIT I

INFORMATION SHEET

I. Terms and definitions

A. Mental health — Ability to adjust to new situations and to handle personal problems without marked distress, and still have enough energy to be a constructive member of society

(NOTE: Just as it is difficult to define "abnormal" behavior, it is difficult to define mental health. There are many external and internal influences that affect a person's mental health. Each person's mental health fluctuates from day to day as the person encounters conflicts that must be dealt with.)

B. Hallucination — False sensory perception having no relation to reality and not accounted for by any external stimuli

(NOTE: Hallucinations may involve any of the five senses.)

C. Dementia — Irrecoverable deterioration of the mental state, with absence or reduction of intellectual faculties due to organic brain disease

D. Delusion — False belief brought about without appropriate external stimulation and inconsistent with individual's own knowledge and experience

E. Megalomania — Psychosis characterized by ideas of personal exaltation and delusions of grandeur

F. Affect — Emotional reactions associated with an experience, including inner feelings and their external manifestations

EXAMPLES: Bright, flat

G. Catatonia — Tendency to assume and remain in a fixed posture, with an inability to move or talk; total withdrawal

(NOTE: In the patient with waxy or flexible catatonia, positions can be manipulated by the nurse. In rigid catatonia, the patient assumes positions that cannot be altered.)

H. Flight of ideas — Sudden rapid shift from one idea to another before preceding idea has been concluded

I. Anorexia nervosa — Eating disorder characterized by progressive loss of weight until emaciation, with prevading fear of obesity; patient denies condition exists

INFORMATION SHEET

J. Bulimia — Eating disorder characterized by a desire to consume large amounts of food followed by a siege of vomiting that becomes compulsive

K. Acting out — Active expression of emotion through inappropriate behavior

II. Classifications of mental illness

(NOTE: Classifications of mental illness can be used only as a guide, a means of communication. Treatment and nursing care should depend more upon the individual's behavior than upon the label designating the type of illness.)

A. Psychosis — Most severe form of mental illness; characterized by marked deviation of behavior and severe impairment of individual's conception of reality

EXAMPLES: Senile dementia; alcoholic psychosis; psychoses due to brain infections, neoplasms, or physical trauma; schizophrenia, manic-depressive illness, and paranoia, which are not attributable to physical conditions

B. Neurosis — Mild form of mental illness; characterized by fair to good adjustment to reality and adaptation to situation or environment; psychoneurosis

EXAMPLES: Anxiety and depression; hysterical, hypochondriacal, and other neuroses

C. Personality disorder — Behavior that indicates serious inner problems, yet the individual is still in touch with reality and is able to adapt socially

EXAMPLES: Paranoid, schizoid, antisocial, or inadequate personalities

D. Psychophysiological disorder — Illness caused partly or completely by emotional stress, with obvious physical symptoms usually occurring in organs controlled by autonomic nervous system

EXAMPLES: Asthma, peptic ulcer, ulcerative colitis, essential hypertension

(NOTE: Psychophysiological disorders are also known as *psychosomatic disorders*.)

E. Transient situational disorder — Mental disorder occurring during any stage of life and with any degree of severity, including psychoses, that is due to overwhelming environmental stress

EXAMPLE: Deep depression following the death of a spouse

INFORMATION SHEET

III. Descriptions of personality components

(NOTE: Dr. Sigmund Freud based his philosophy of psychotherapy on personality components. Mental and emotional illness may occur when there are conflicts between these personality components.)

A. Id — Innate part of the personality; ruled by the pleasure principle based on the body's primitive biological urges and drives

B. Ego — Part of the personality that helps mediate between the strivings of the id and the environment; ruled by the reality principle

(NOTE: The ego helps individuals guide their behavior based on reality.)

C. Superego — Part of the personality that acts as a strong motivator of behavior based on knowledge of right or wrong; conscience

IV. Defense mechanisms (Assignment Sheet #1)

(NOTE: All persons use defense mechanisms at one time or another. Defense mechanisms do not change situations, but they allow a person to channel some of the anxiety a situation produces. It is when a person begins to use them to cope with all conflict to the point of losing contact with reality that problems are encountered.)

A. Suppression — Conscious pushing of unwelcome ideas, memories, or feelings back into the subconscious mind; they are accessible when one wishes to remember them

EXAMPLE: A young woman puts away memories of an intolerable marriage as she attempts to begin a new relationship.

B. Repression — Unconscious exclusion from awareness of unbearable ideas, experiences, and impulses by forcing them down into the unconscious; sometimes this material may emerge in the form of hallucinations or dreams

EXAMPLE: A man does not recall hitting his wife while she was pregnant, an act that led to the loss of their child.

C. Denial — Unconscious method of reducing anxiety by refusing to face things as they really are

EXAMPLE: A young woman who has been told that her leg must be amputated calls her friend and tells him that she is fine and will be coming home soon.

INFORMATION SHEET

D. Rationalization — Conscious method of finding a logical excuse for things one wants to do or a reason for not doing what one should do

EXAMPLE: Man purchases a new boat he really cannot afford but rationalizes it as a good buy as he will be using it to catch fish the family can use as food.

E. Identification — Unconscious patterning of one's self after the characteristics of another

EXAMPLES: Young girl patterns her behavior and dress after that of a rock singer; child patterns her behavior after that of her mother.

F. Compensation — Development of beliefs or personality or physical traits as a means of making up for various inadequacies

EXAMPLE: Young high school boy too small to play football becomes a runner on the track team.

G. Regression — Retreat from the present pattern of behavior to past levels of behavior that seem more comfortable

EXAMPLE: Young child begins sucking her thumb again after the arrival of a new baby brother.

H. Conversion — Mechanism or process by which an emotional conflict is expressed as a physical symptom

EXAMPLE: A young woman who has been invited to a party where her ex-husband and his new wife will be develops a severe headache.

I. Sublimation — Channeling of a strong and socially unacceptable drive or urge into a form that is acceptable to society

EXAMPLE: A young man who displays an explosive temper becomes a boxer.

J. Projection — Blaming someone else for one's own faults, shortcomings, or failures

EXAMPLE: Student flunks an examination and blames the teacher for making a poor test.

(NOTE: Internalizing this agressive energy and focusing it upon a mental image rather than an object is called *introjection.*)

INFORMATION SHEET

K. Displacement — Transference of emotion from original object, situation, or idea to another object, situation, or idea

EXAMPLE: Woman slams the door shut after husband complains about her cooking.

L. Reaction formation — Development of conscious attitudes and behavior patterns that are opposite to what one really feels or would like to do

EXAMPLE: A married man who is attracted to one of his wife's best friends treats the friend rudely.

V. Characteristics of neurotic and psychotic behaviors (Table 1)

TABLE 1

Area	Neurotic	Psychotic
Social Implications	Social, vocational, and sexual adjustments are often impaired	Social, vocational, and sexual adjustments are seriously impaired, making it almost impossible for person to relate to others
Etiology	Functional disorder brought on by psychological factors caused from stress and its meaning to the person	Disorder brought on by toxic factors or by psychological factors or by a combination of the two
Description	Persons usually have decreased efficiency but have mildly disorganized personality functions; most have knowledge that they have a personality disorder	Persons are severely disorganized in personality functions, perception, memory, and judgment; persons are not aware that they have a personality disorder
Symptoms	Varieties of conversions, obsessions, compulsions, and phobias; attempts to deal with conflicts through suppression and repression	Varieties of delusions, hallucinations, and illusions; attempts to deal with previously suppressed and repressed conflicts through delusions, hallucinations, and illusions
Therapy	Does not require hospitalization	Requires hospitalization

INFORMATION SHEET

VI. Characteristics of common psychoses associated with organic brain syndromes (Table 2)

(NOTE: Organic brain syndromes that cause psychoses can be due to mechanical, thermal, or chemical damages. Drugs or poison intoxication may also cause psychosis.)

TABLE 2

Psychosis	Characteristics
Alcoholic psychosis (NOTE: Alcoholism at different stages causes many conditions with varying levels of brain damage. The most frequent psychosis seen is delirium tremens. Nurses should be acutely aware of the obvious characteristics of delirium tremens as it is a severe condition that has been known to result in the death of the patient.)	Possible delirium and convulsions preceded by restlessness, irritability, and insomnia Tremors, especially of the hands, throughout acute stage Visual hallucinations, especially spots and insects Confusion and disorientation throughout episodes Possible amnesia following acute stage
Cerebral arteriosclerosis (NOTE: Cerebral arteriosclerosis is a common organic brain disorder seen in patients admitted to mental and general hospitals.)	Headaches Dizziness Inability to concentrate Memory loss Episodes of confusion Paranoid delusions in later stage
Alzheimer's disease (NOTE: Alzheimer's disease is a form of primary degenerative dementia. It occurs in both men and women between the ages of forty and sixty. A great deal of research is being conducted to find the cause and treatment.)	Progressive irreversible memory loss Deterioration of intellectual functioning Apathy Speech disturbances Disorientation Disordered emotions Complete loss of intellectual functioning in later stages Inability to provide care for self, including feeding and general hygiene
Huntington's chorea (NOTE: Huntington's chorea is a hereditary sex-linked form of psychosis. The onset is between the ages of thirty and fifty and is seen more commonly in men.)	Bizarre, involuntary movements Abnormal posturing Progressive dementia occurring rapidly until total psychotic state is reached Secondary infections causing death

INFORMATION SHEET

VII. Descriptions of common functional psychoses

A. Schizophrenia — Group of mental disorders characterized by disturbances of thinking, mood, and behavior

B. Depressive disorder with melancholia — Severe depression resulting in psychotic behavior; usually seen in adults

C. Manic-depressive — Cyclic affective psychosis in which there are alternating moods of depression and excessive excitement

(NOTE: When the manic depressive's suppressed hostility becomes too strong, the hostility may show up in a disguised form. The patient may learn to control his or her behavior if the condition is chronic.)

D. Paranoia — Condition in which person has persecution complex, delusions, and megalomania

(NOTE: True paranoia is an extremely rare condition, but paranoia can occur as a transitory condition with toxic conditions, schizophrenia, and alcoholism.)

VIII. Characteristics of common functional psychoses (Table 3)

TABLE 3

Psychosis	Characteristics
Undifferentiated schizophrenia	Displays dulled emotions, lacks affect, possibly withdraws Lacks ambition, but with no serious impairment of intellect Experiences delusions and occasional hallucinations
Paranoid schizophrenia	Exhibits projection, delusions of persecution, and extreme suspiciousness Feels that everyone and everything in environment is a threat Attempts to keep people at a distance Displays aggressiveness that may lead to combativeness
Catatonic schizophrenia	Shows stupor, immobility, mutism, and negativism in first phase Displays unorganized, excessive, impulsive, and destructive behavior in second phase Assumes waxy flexibility or rigid positions

INFORMATION SHEET

Psychosis	Characteristics
Disorganized schizophrenia (NOTE: This type of schizophrenia has a slow onset and usually begins in adolescence.)	Displays very shallow emotions, with total withdrawal from social contacts Exhibits inappropriate giggling and childish behavior Experiences fragmentation of thoughts and behavior to the point of incoherence Verbalizes hypochondriacal complaints
Depressive disorder with melancholia	Shows decreased concentration and attention span Experiences altered sleep patterns Has irregular appetite Enters vegetative state
Manic-depressive (hyperactive or manic stage)	Ignores physical appearance as physical, mental, and emotional activity speeds up Exhibits restlessness, aggressiveness, and flight of ideas, causing distraction and inability to concentrate Loses sleep and fails to eat because of feelings of euphoria, exaltation, and frenzied activity Exhibits tendency to break things or become combative during frenzied activity Acts friendly, bossy, or full of charm in response to delusions of grandeur Uses offensive language and actions not part of his or her usual behavior Gives in to id impulses with little evidence of superego influence
Manic-depressive (hypoactive or depressive stage)	Exhibits slowed activity and speech as superego takes over Displays feelings of dejection and worthlessness Directs aggression inward as self-punishment Exhibits suicidal tendencies
Paranoia (NOTE: The paranoid behavior pattern is characterized by a firm, fixed system of delusions in an otherwise normal, well-balanced personality.)	Experiences delusions of persecution and feelings of grandiosity, especially in areas of sex and religion Makes false interpretations of actual events, leading to delusions Fears that others are talking about him or her with intention to harm May be combative and dangerous if striking out at those feared

INFORMATION SHEET

IX. Descriptions of common neuroses

(NOTE: The patient with neurosis is not usually disorganized and does not tend to distort reality. Anxiety is the major characteristic seen in neurosis.)

A. Conversion-type hysterical — Condition in which anxiety results in a loss of function of special senses or mobility

B. Phobic — Condition marked by intense fear of a situation or an object that patient should clearly recognize as not really dangerous

C. Obsessive-compulsive — Condition in which patient experiences unwanted thoughts, urges, or actions that cannot be stopped, followed by repeated actions to neutralize thoughts

D. Depressive — Condition in which patient has an excessive reaction of depression following the loss of a cherished object or loved one, or after an internal conflict

E. Hypochrondriacal — Condition in which the patient is preoccupied with self and body and has fears of presumed disease of various organs

X. Characteristics of common neuroses (Table 4)

TABLE 4

Neurosis	Characteristics
Conversion-type hysterical	Experiences anesthesias, paralyses, blindness, deafness, ataxias, and paresthesias as a result of voluntary nervous system involvement Shows lack of concern over symptoms
Phobic	Experiences fear, faintness, palpitations, diaphoreses, nausea, and tremors when exposed to feared object or situation Exhibits inability to cope with fears even though patient knows object or situation holds no danger
Obsessive-compulsive	Is obsessed by repetitive unwanted thoughts Repeats acts to neutralize obsessions until actions become compulsive
Depressive	Experiences fatigue, insomnia, self-depreciation, and a slowing-down of movements in reaction to a loss
Hypochondriacal	Fears disease in various organs of the body, even after reassurance and tests show no disfunction of body

INFORMATION SHEET

XI. Descriptions of personality disorders (Assignment Sheet #1)

A. Schizoid personality — Behavior is characterized by fearfulness, inability to socialize well with others, tendency to daydream, withdrawal from reality, and emotional coldness

(NOTE: Many persons who exhibit this type of personality are sensitive people who are lonely, misunderstood, and isolated. They seem to be people who are timid, shy, and dissatisfied with themselves.)

B. Obsessive-compulsive personality — Behavior is characterized by being overinhibited, fastidious, and overly conscientious, causing the person to perform repetitive acts if too anxious

C. Antisocial personality — Behavior is characterized by the inability to form any significant attachment or loyalty to other persons, groups, or to society; individuals are controlled by their ids and their personal pleasures and wants, without feelings of guilt

(NOTE: Persons who exhibit this personality disorder are always able to rationalize their behavior. The individual may be referred to as a *sociopath*. There are a number of prisons, jails, and mental health facilities filled with this type of person, because persons with antisocial personalities get into trouble with the law frequently.)

D. Passive-aggressive personality — Behavior is characterized by showing both passivity and aggressiveness in periods of sullenness and withdrawal, to periods of temper tantrums and even destructive acts

E. Inadequate personality — Behavior is characterized by ineptness and a lack of responsibility, initiative, and ambition, although these persons have normal intellect

(NOTE: These individuals fail in social, emotional, occupational, and economic adjustments.)

XII. Characteristics of patients suffering from anorexia nervosa or bulimia

(NOTE: Anorexia nervosa and bulimia are considered to be indirect self-destructive disorders.)

A. Anorexia nervosa

(NOTE: Anorexia nervosa occurs most frequently in young women.)

1. Lives revolve around food and the avoidance of eating

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2. Serious health problems are caused by induced vomiting and the overuse of diuretics and laxatives

   (NOTE: The anorexic patient may be admitted to the hospital for treatment for dehydration.)

3. Strenuous exercise occurs and is carried almost to the frenzy stage

4. Decreased internal awareness and a sense of ineffectiveness lead patient to focus entirely on the eating process and controlling weight

5. Amenorrhea occurs early in condition

6. Weight loss is excessive

7. Lanugo and bradycardia occur in later stages of condition

8. Bulimic episodes may occur

B. Bulimia

1. Episodes of binge eating occur, followed by vomiting

   (NOTE: Binge eating is the compulsive intake of food until the patient vomits, runs out of the food, experiences pain, or is interrupted.)

2. Normal weight is maintained by alternating binging and vomiting

XIII. Indications of suicidal behavior

(NOTE: Reasons why persons choose to take their lives vary. Suicide indicates failure of the coping and adapting mechanisms. There are also indications that suicide is a hostile message to those left saying, "You should have cared more." Written or implied messages to significant others often show that the suicide victim felt remorse or guilt, or that the victim felt that his or her death would leave everyone better off. *Always* take any mention of suicide or self-destruction seriously.)

A. Suicide threats

1. Veiled verbal statements of intent

   EXAMPLES: "Would you take care of Rover when I am gone?"

   "I hope you will remember me when I am gone."

2. Nonverbal actions of intent

   EXAMPLES: Giving away a prized object, making funeral arrangements, withdrawing from all social contact

INFORMATION SHEET

3. Direct verbal statements of intent

(NOTE: Direct verbal statements of intent are more uncommon than veiled statements or nonverbal actions in the patient who is seriously contemplating suicide. If direct statements are made, they should be taken *very* seriously.)

B. Suicide attempts

1. Direct actions that will result in death if not interrupted

2. Formulation of specific plan, including method, time, and place

(NOTE: The patient who plans a definite violent method, with the time and place indicated, is one who is determined to end his or her life. The method used can be an indication to the nurse of the type of care restriction that will be needed for that patient.)

XIV. Symptoms and emergency interventions for most commonly abused drugs (Table 5)

(NOTE: The treatment for those who abuse or are addicted to drugs will depend on the seriousness of the involvement and the underlying reasons for the use of the drug. Psychotherapy, counseling, or commitment to a drug abuse center for treatment are all methods of helping a person give up the drug.)

TABLE 5

Drug	Symptoms	Emergency Interventions
Alcohol	Feelings of exhilaration but reduced mental and physical alertness In severe stages, depressed respirations and possible coma	Treat according to severity of symptoms If intake produces symptoms of shock, treat for shock
Marijuana	Occasional dizziness Lack of coordination Increased heart rate Reddening of eyes Throat irritation	No emergency treatment unless victim is very disoriented and has psychotic reaction
Depressants EXAMPLES: Phenobarbital, secobarbital, pentobarbital	Depressed respirations, possibly resulting in coma Reduction of mental and physical activity Possible death when mixed with alcohol	Maintain body temperature and open airway Seek medical help immediately

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Drug	Symptoms	Emergency Interventions
Hallucinogens EXAMPLES: Mescaline, LSD, PCP (phencyclidine), morning glory seeds, and a number of synthetic substances	Increased heart rate, blood pressure, and temperature Dilated pupils Paranoid delusions Hallucinations Complete loss of emotional control	Talk the person down in calm tones Seek medical help immediately
Inhalants EXAMPLES: Glue or cement, gasoline, nailpolish and remover, kerosene, and many paints and lacquers (NOTE: Inhaling is done by placing substance on a cloth and holding cloth over nose and mouth, or by placing substance in a paper or plastic bag and placing bag over the head.)	Irritation of respiratory tract Unsteadiness Excitement at first, then depression that can lead to unconsciousness	If bag has been used, remove at once Give respiratory assistance if breathing has stopped Seek medical help immediately
Narcotics EXAMPLES: Opium, morphine, Demerol, methadone, Dilaudid, heroin	Reduction in activity and awareness Depressed respirations Profuse sweating Drop in temperature Constriction of pupils Nausea and vomiting Sleep and possible coma	Arouse victim Maintain open airway and normal body temperature Seek medical help immediately
Stimulants EXAMPLES: Amphetamines, Benzedrine, Ritalin	Confusion, disorganization, irritability, and fear Aggressive and antisocial behavior Delusions and hallucinations	Protect from injury Maintain open airway and normal body temperature Seek medical help immediately
Tranquilizers EXAMPLES: Miltown, Equanil, Librium, Placidyl, Valium	Decrease in body temperature and blood pressure Depressed respirations Deepening state of unconsciousness	Arouse victim Maintain open airway Seek medical help immediately

INFORMATION SHEET

XV. Characteristics of levels of mental retardation

(NOTE: Many people assume that because a person is mentally retarded that person also suffers from mental illness. Nurses should be aware of this misconception and educate the public.)

A. Mildly retarded (IQ 52 to 76)

1. Capable of academic learning, but only at a slower pace than that of nonmentally retarded individuals

   (NOTE: Mildly retarded individuals have difficulty with abstract thinking.)

2. Seldom institutionalized unless behavior problems occur

3. Usually cheerful, kind, responsible workers, neighbors, and citizens

B. Moderately retarded (IQ 36 to 51)

1. Unable to read or write

2. Unable to support themselves or live alone

3. May be trained to be self-sufficient in simple activities of daily living

C. Severely retarded (IQ 20 to 35)

1. Most unable to communicate with more than single words

2. Need total care in home or institution

3. Can be trained in some skills such as self-feeding

XVI. Causative agents of mental retardation

(NOTE: Although some causes for mental retardation have been identified, there are other causes that are idiopathic.)

A. Infections

B. Trauma

C. Disorders of metabolism, growth, or nutrition

D. Chemical agents

E. Diseases and conditions due to unknown prenatal influence

INFORMATION SHEET

F. Chromosomal abnormalities

G. Prematurity

H. Psychosocial environmental deprivation

XVII. Common diseases and disorders that cause or may cause mental retardation

A. Rubella (congenital)

B. Syphilis (congenital)

C. Kernicterus

D. Intracranial hemorrhage

E. Birth trauma

F. Phenylketonuria

G. Cretinism

H. Microcephaly

I. Hydrocephaly (congenital)

J. Down's syndrome (mongolism, trisomy 21)

(NOTE: Down's syndrome is the most common form of retardation caused by a chromosomal abnormality.)

XVIII. Characteristics of Down's syndrome

(NOTE: The nurse can usually identify a child with Down's syndrome at birth.)

A. Zygote has an abnormal splitting of chromosomes, usually chromosome 21 or 22, at moment of pairing

B. Endocrine glands, brain, and heart are the three areas affected

C. Brain lacks total growth, causing mild to moderate mental retardation

D. Skull is small, rounded, and short from front to back

E. Eyes have a downward slant and inward slope; ears are in line with eyes

F. Tongue is very large and long, and marked with transverse fissures

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G. Hands are stubby, broad, flabby, with abnormally short thumb; palms are smooth with one transverse crease

H. Feet are often marked by a large cleft between first and second toes and a deep furrow running from this gap to heel on sole

I. Nose is short and broad, with a flat, depressed bridge

J. Abdomen is large and protruding

K. Muscles and ligaments are hypotonic, causing an extraordinary range of motion

L. Tooth development is delayed and teeth are often peg-shaped

M. Genital organs are small, and descent of testes and onset of menstruation are delayed

N. Circulation is poor, and extremities are often cyanotic

O. Respirations are shallow and irregular

P. Mental and physical maturation are slow to occur

Q. Behavior is emotionally warm, trusting, and loving

INTRODUCTION TO MENTAL HEALTH NURSING
UNIT I

ASSIGNMENT SHEET #1 — IDENTIFY TYPES OF BEHAVIOR RELATED TO MENTAL HEALTH

NAME ______________________________ SCORE ______________

Coping with stress and conflict causes anxiety in every person. Personalities and coping mechanisms are different in each individual. When we can no longer cope, or when the anxiety reaches a limit we cannot tolerate, we react in a manner that may be unusual or out of touch with reality. If this reaction does not allow us to interact with our environment and the people around us, we may need external assistance.

Nurses are involved on a daily basis with patients who are experiencing stress in a variety of situations. It is necessary for nurses to observe patients for behavior that might indicate that they are experiencing stress and anxiety, and to intervene appropriately to provide assistance. Patients who overtly show characteristics of a mental problem should be identified immediately, and intervention should take place immediately. Nurses should *never* make judgments of another's behavior nor should they diagnose. It is extremely important to document the behavior and to attempt to assess the problem so that attention can be focused on treatment.

This assignment sheet gives simulated case studies for you to read and to react to. Hand the completed assignment in to the instructor for evaluation, or discuss in class.

Case Study #1

A nurse becomes furious at what he feels has been unfair treatment by the floor supervisor. He realizes that it would be unwise to be directly aggressive with her and finds himself growing very tense. After his shift, he plays a rugged set of racquetball, smashing the ball vigorously. After playing, he feels much better and can analyze his feelings.

A. What defense or mental mechanisms did he use?

____

Case Study #2

As you enter Mrs. J's room, you find her lying in bed absently picking at the bed linens. When you come nearer the bed, Mrs. J begins to pound the bed vigorously with her hand and begins to scream, "Get those bugs off my bed! Get those bugs off my bed!" This is the first time that this has happened.

B. Mrs. J is suffering from what type of a condition?

____

ASSIGNMENT SHEET #1

Case Study #3

Tim overslept one morning and was late for breakfast. His mother told him that he was ungrateful and unappreciative of her efforts to get up every morning and get his breakfast and that he could just go to school without the lunch she usually made for him. He could eat in the cafeteria, which he hated. He ran out to catch the school bus, and the driver yelled at him for being late and making everyone else late. When Tim got to school, his teacher asked him for homework that he had forgotten. By the time Tim got to the cafeteria, he was very angry. When one of his friends jostled him in the line, Tim pushed him to the floor and began hitting him. Tim was taken to the principal's office.

C. What happened to make Tim act this way? What type of a defense or mental mechanism was he displaying?

____

____

____

____

____

Case Study #4

A father has just received notice that his son died in an airplane accident on his way overseas to take part in a military confrontation. When a friend sees him on the street a week later, the father comments that he has received a telegram from his son and that his son is to receive a medal for his part in a battle.

D. What type of defense or mental mechanism is this father using?

____

Case Study #5

A woman on the mental health unit has been noticed washing her hands over and over during the morning of her admission. Her hands are red and irritated but she becomes quite anxious when anyone tries to prevent her from washing her hands. In her chart you read that she was admitted to the unit after a neighbor found her striking her two-year-old son over and over until eventually he died.

E. What type of behavior is this woman exhibiting?

____

ASSIGNMENT SHEET #1

Case Study #6

Mr. Tingly has been hospitalized for tests that eventually diagnosed his condition as ulcerative colitis. He had been responding well to medication and diet and is to leave the hospital in a few days. When you answer his light, you find him pacing the floor and muttering loudly, "I've got to get out, I've got to get out of here." When he sees you, he becomes very angry and loudly accuses you of hiding his clothes. He stomps over to the closet and begins throwing things out onto the floor while loudly talking about the CIA picking him up in an hour to help them solve a case. He begins to strip off the bed linens again shouting, "I've got to find my clothes and get out of here!"

F. What type of behavior is Mr. Tingly exhibiting?

____

Case Study #7

Marci, age seventeen, had eaten nothing in three days and had refused to leave her parents' house and her room. Her mother, quite concerned about her, entered her room to talk to her about the situation. Marci became violent, smashing the mirror on her dresser, throwing cosmetics across the room, and finally breaking the window and, in the process, cutting her arm. Marci's mother called her neighbor. Together they subdued Marci and took her to the emergency room.

Marci's arm was sutured and she was tranquilized and moved to the mental health unit. Her mother tells you that she cannot understand this behavior. Marci was a popular, outgoing young woman who made good grades and was planning a career as a teacher. She had just recently become more quiet and introverted. She had been going to her room directly from school and had not been eating properly.

When you enter Marci's room, she is pulled into a fetal position on her bed and is covered from head to toe with a blanket. When you approach her, she whispers, "They can't get me here. I am finally safe."

G. What type of behavior is Marci exhibiting?

____

INTRODUCTION TO MENTAL HEALTH NURSING
UNIT I

ANSWERS TO ASSIGNMENT SHEET

Assignment Sheet #1 (Suggested answers)

A. Case Study #1 — Displacement

B. Case Study #2 — Hallucinations

C. Case Study #3 — Tim had a number of stressful incidents occur in a short period of time. To begin with, he overslept, which stressed his mother, and she in turn criticized him and sent him to school without his lunch. The bus driver criticized him for making the bus and the rest of the children late. When Tim arrived at school, he was criticized by the teacher for not bringing his homework, which in his hurry he had left at home. By the time he got to the cafeteria, a place he hated anyway, the good-natured jostling by his friend was the last straw. Tim displaces all of his pent up emotion and strikes out at his friend.

D. Case Study #4 — The father is using denial as a defense mechanism. It is also a part of the grieving process.

E. Case Study #5 — The woman is exhibiting obsessive-compulsive behavior.

F. Case Study #6 — Mr. Tingly is suffering from delusions.

G. Case Study #7 — Marci is displaying some schizophrenic symptoms indicative of the disorganized type of schizophrenia sometimes seen in the adolescent. Until the condition can be further defined, Marci will need observation and antianxiety medication.

INTRODUCTION TO MENTAL HEALTH NURSING
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TEST

NAME ______________________________ SCORE ______________

1. Match to their correct definitions terms associated with mental health nursing. Write the correct numbers in the blanks.

_____a. Ability to adjust to new situations and to handle personal problems without marked distress, and still have enough energy to be a constructive member of society

_____b. False sensory perception having no relation to reality and not accounted for by any external stimuli

_____c. Irrecoverable deterioration of the mental state, with absence or reduction of intellectual faculties due to organic brain disease

_____d. False belief brought about without appropriate external stimulation and inconsistent with individual's own knowledge and experience

_____e. Psychosis characterized by ideas of personal exaltation and delusions of grandeur

_____f. Emotional reactions associated with an experience, including inner feelings and their external manifestations

_____g. Tendency to assume and remain in a fixed posture, with an inability to move or talk; total withdrawal

_____h. Sudden rapid shift from one idea to another before preceding idea has been concluded

_____i. Eating disorder characterized by progressive loss of weight until emaciation, with prevading fear of obesity; patient denies condition exists

_____j. Eating disorder characterized by a desire to consume large amounts of food followed by a siege of vomiting that becomes compulsive

_____k. Active expression of emotion through inappropriate behavior

1. Hallucination
2. Delusion
3. Affect
4. Flight of ideas
5. Mental health
6. Megalomania
7. Anorexia nervosa
8. Acting out
9. Bulimia
10. Dementia
11. Catatonia

TEST

2. Match classifications of mental illness to their correct descriptions. Write the correct numbers in the blanks.

______a.	Most severe form of mental illness; characterized by marked deviation of behavior and severe impairment of individual's conception of reality	1.	Personality disorder
______b.	Mild form of mental illness; characterized by fair to good adjustment to reality and adaptation to situation or environment; psychoneurosis	2.	Transient situational disorder
______c.	Behavior that indicates serious inner problems, yet the individual is still in touch with reality and is able to adapt socially	3.	Psychosis
______d.	Illness caused partly or completely by emotional stress, with obvious physical symptoms usually occurring in organs controlled by autonomic nervous system	4.	Psychophysiological disorder
______e.	Mental disorder occurring during any stage of life and with any degree of severity, including psychoses, that is due to overwhelming environmental stress	5.	Neurosis

3. Match personality components to their correct descriptions. Write the correct numbers in the blanks.

______a.	Innate part of the personality; ruled by the pleasure principle based on the body's primitive biological urges and drives	1.	Ego
______b.	Part of the personality that helps mediate between the strivings of the id and the environment; ruled by the reality principle	2.	Superego
______c.	Part of the personality that acts as a strong motivator of behavior based on knowledge of right or wrong; conscience	3.	Id

TEST

4. Match defense mechanisms to their correct descriptions. Write the correct numbers in the blanks.

______a. Conscious pushing of unwelcome ideas, memories, or feelings back into the subconscious mind; they are accessible when one wishes to remember them

______b. Unconscious exclusion from awareness of unbearable ideas, experiences, and impulses by forcing them down into the unconscious; sometimes this material may emerge in the form of hallucinations or dreams

______c. Unconscious method of reducing anxiety by refusing to face things as they really are

______d. Conscious method of finding a logical excuse for things one wants to do or a reason for not doing what one should do

______e. Unconscious patterning of one's self after the characteristics of another

______f. Development of beliefs or personality or physical traits as a means of making up for various inadequacies

______g. Retreat from the present pattern of behavior to past levels of behavior that seem more comfortable

______h. Mechanism or process by which an emotional conflict is expressed as a physical symptom

______i. Channeling of a strong and socially unacceptable drive or urge into a form that is acceptable to society

______j. Blaming someone else for one's own faults, shortcomings, or failures

______k. Transference of emotion from original object, situation, or idea to another object, situation, or idea

______l. Development of conscious attitudes and behavior patterns that are opposite to what one really feels or would like to do

1. Denial
2. Identification
3. Conversion
4. Suppression
5. Regression
6. Repression
7. Compensation
8. Sublimation
9. Rationalization
10. Projection
11. Reaction formation
12. Displacement

TEST

5. Distinguish between characteristics of neurotic behavior and characteristics of psychotic behavior. Write an "N" in the blanks before characteristics of neurotic behavior and a "P" in the blanks before characteristics of psychotic behavior.

_____a. Social, vocational, and sexual adjustments are seriously impaired, making it almost impossible for person to relate to others

_____b. Disorder brought on by toxic factors or by psychological factors or by a combination of the two

_____c. Social, vocational, and sexual adjustments are often impaired

_____d. Persons are severely disorganized in personality functions, perception, memory, and judgment; persons are not aware that they have a personality disorder

_____e. Functional disorder brought on by psychological factors caused from stress and its meaning to the person

_____f. Persons usually have decreased efficiency but have mildly disorganized personality functions; most have knowledge that they have a personality disorder

_____g. Varieties of conversions, obsessions, compulsions, and phobias; attempts to deal with conflicts through suppression and repression

_____h. Varieties of delusions, hallucinations, and illusions; attempts to deal with previously suppressed and repressed conflicts through delusions, hallucinations, and illusions

_____i. Does not require hospitalization

_____j. Requires hospitalization

6. Identify according to their characteristics common psychoses associated with organic brain syndromes. Write the correct names in the blanks.

Alchoholic psychosis
Cerebral arteriosclerosis

Alzheimer's disease
Huntington's chorea

Psychosis	Characteristics
a. ______________________________	Bizarre, involuntary movements Abnormal posturing Progressive dementia occurring rapidly until total psychotic state is reached Secondary infections causing death

TEST

Psychosis	Characteristics
b. ______________________	Headaches Dizziness Inability to concentrate Memory loss Episodes of confusion Paranoid delusions in later stage
c. ______________________	Progressive irreversible memory loss Deterioration of intellectual functioning Apathy Speech disturbances Disorientation Disordered emotions Complete loss of intellectual functioning in later stages Inability to provide care for self, including feeding and general hygiene
d. ______________________	Possible delirium and convulsions preceded by restlessness, irritability, and insomnia Tremors, especially of the hands, throughout acute stage Visual hallucinations, especially spots and insects Confusion and disorientation throughout episodes Possible amnesia following acute stage

7. Match common functional psychoses to their correct descriptions. Write the correct numbers in the blanks.

_____a.	Group of mental disorders characterized by disturbances of thinking, mood, and behavior	1. Manic-depressive
_____b.	Severe depression resulting in psychotic behavior; usually seen in adults	2. Paranoia
_____c.	Cyclic affective psychosis in which there are alternating moods of depression and excessive excitement	3. Depressive disorder with melancholia
_____d.	Condition in which person has persecution complex, delusions, and megalomania	4. Schizophrenia

TEST

8. Identify common functional psychoses according to their characteristics. Write the correct names in the blanks.

Undifferentiated schizophrenia
Paranoid schizophrenia
Paranoia
Catatonic schizophrenia
Disorganized schizophrenia
Manic-depressive (hyperactive or manic stage)
Manic-depressive (hypoactive or depressive stage)
Depressive disorder with melancholia

Psychosis	**Characteristics**
a. ____________________ ____________________	Exhibits projection, delusions of persecution, and extreme suspiciousness Feels that everyone and everything in environment is a threat Attempts to keep people at a distance Displays aggressiveness that may lead to combativeness
b. ____________________ ____________________	Ignores physical appearance as physical, mental, and emotional activity speeds up Exhibits restlessness, aggressiveness, and flight of ideas, causing distraction and inability to concentrate Loses sleep and fails to eat because of feelings of euphoria, exaltation, and frenzied activity Exhibits tendency to break things or become combative during frenzied activity Acts friendly, bossy, or full of charm in response to delusions of grandeur Uses offensive language and actions not part of his or her usual behavior Gives in to id impulses with little evidence of superego influence
c. ____________________ ____________________	Exhibits slowed activity and speech as superego takes over Displays feelings of dejection and worthlessness Directs aggression inward as self-punishment Exhibits suicidal tendencies
d. ____________________ ____________________	Displays dulled emotions, lacks affect, possibly withdraws Lacks ambition, but with no serious impairment of intellect Experiences delusions and occasional hallucinations
e. ____________________ ____________________	Shows stupor, immobility, mutism, and negativism in first phase Displays unorganized, excessive, impulsive, and destructive behavior in second phase Assumes waxy flexibility or rigid positions

TEST

Psychosis	Characteristics
f. ____________________ ____________________	Displays very shallow emotions, with total withdrawal from social contacts Exhibits inappropriate giggling and childish behavior Experiences fragmentation of thoughts and behavior to the point of incoherence Verbalizes hypochondriacal complaints
g. ____________________ ____________________	Experiences delusions of persecution and feelings of grandiosity, especially in areas of sex and religion Makes false interpretations of actual events, leading to delusions Fears that others are talking about him or her with intention to harm May be combative and dangerous if striking out at those feared
h. ____________________ ____________________	Shows decreased concentration and attention span Experiences altered sleep patterns Has irregular appetite Enters vegetative state

9. Match common neuroses to their correct descriptions. Write the correct numbers in the blanks.

_____a.	Condition in which anxiety results in a loss of function of special senses or mobility	1. Hypochrondiacal
		2. Phobic
_____b.	Condition marked by intense fear of a situation or an object that patient should clearly recognize as not really dangerous	3. Depressive
		4. Conversion-type hysterical
_____c.	Condition in which patient experiences unwanted thoughts, urges, or actions that cannot be stopped, followed by repeated actions to neutralize thoughts	5. Obsessive-compulsive
_____d.	Condition in which patient has an excessive reaction of depression following the loss of a cherished object or loved one, or after an internal conflict	
_____e.	Condition in which the patient is preoccupied with self and body and has fears of presumed disease of various organs	

TEST

10. Identify common neuroses according to their characteristics. Write the correct names in the blanks.

Obsessive-compulsive	**Conversion-type hysterical**
Hypochondriacal	**Depressive**
Phobic	

Neurosis	Characteristics
a. ____________________	Experiences fatigue, insomnia, self-depreciation, and a slowing-down of movements in reaction to a loss
b. ____________________	Experiences anesthesias, paralyses, blindness, deafness, ataxias, and paresthesias as a result of voluntary nervous system involvement Shows lack of concern over symptoms
c. ____________________	Fears disease in various organs of the body, even after reassurance and tests show no disfunction of body
d. ____________________	Is obsessed by repetitive unwanted thoughts Repeats acts to neutralize obsessions until actions become compulsive
e. ____________________	Experiences fear, faintness, palpitations, diaphoreses, nausea, and tremors when exposed to feared object or situation Exhibits inability to cope with fears even though patient knows object or situation holds no danger

11. Match personality disorders to their correct descriptions. Write the correct numbers in the blanks. Descriptions are continued on the next page.

_____a.	Behavior is characterized by fearfulness, inability to socialize well with others, tendency to daydream, withdrawal from reality, and emotional coldness	1. Obsessive-compulsive personality
		2. Inadequate personality
_____b.	Behavior is characterized by being overinhibited, fastidious, and overly conscientious, causing the person to perform repetitive acts if too anxious	3. Antisocial personality
		4. Passive-aggressive personality
_____c.	Behavior is characterized by the inability to form any significant attachment or loyalty to other persons, groups, or to society; individuals are controlled by their ids and their personal pleasures and wants, without feelings of guilt	5. Schizoid personality

TEST

______d. Behavior is characterized by showing both passivity and aggressiveness in periods of sullenness and withdrawal, to periods of temper tantrums and even destructive acts

______e. Behavior is characterized by ineptness and a lack of responsibility, initiative, and ambition, although these persons have normal intellect

12. List characteristics of patients suffering from anorexia nervosa or bulimia.

a. Anorexia nervosa

1) ______________________________

2) ______________________________

3) ______________________________

4) ______________________________

5) ______________________________

6) ______________________________

7) ______________________________

8) ______________________________

b. Bulimia

1) ______________________________

2) ______________________________

13. List indications of suicidal behavior.

a. Suicide threats

1) ______________________________

2) ______________________________

3) ______________________________

b. Suicide attempts

1) ______________________________

2) ______________________________

TEST

14. Identify the most commonly abused drugs according to their symptoms and emergency interventions. Write the correct names in the blanks.

Hallucinogens
Inhalants
Narcotics
Stimulants
Tranquilizers
Alcohol
Marijuana
Depressants

Drug	Symptoms	Emergency Interventions
a. ________________	Occasional dizziness Lack of coordination Increased heart rate Reddening of eyes Throat irritation	No emergency treatment unless victim is very disoriented and has psychotic reaction
b. ________________	Increased heart rate, blood pressure, and temperature Dilated pupils Paranoid delusions Hallucinations Complete loss of emotional control	Talk the person down in calm tones Seek medical help immediately
c. ________________	Confusion, disorganization, irritability, and fear Aggressive and antisocial behavior Delusions and hallucinations	Protect from injury Maintain open airway and normal body temperature Seek medical help immediately
d. ________________	Irritation of respiratory tract Unsteadiness Excitement at first, then depression that can lead to unconsciousness	If bag has been used, remove at once Give respiratory assistance if breathing has stopped Seek medical help immediately
e. ________________	Reduction in activity and awareness Depressed respirations Profuse sweating Drop in temperature Constriction of pupils Nausea and vomiting Sleep and possible coma	Arouse victim Maintain open airway and normal body temperature Seek medical help immediately
f. ________________	Feelings of exhilaration but reduced mental and physical alertness In severe stages, depressed respirations and possible coma	Treat according to severity of symptoms If intake produces symptoms of shock, treat for shock

TEST

Drug	Symptoms	Emergency Interventions
g. ______________	Depressed respirations, possibly resulting in coma Reduction of mental and physical activity Possible death when mixed with alcohol	Maintain body temperature and open airway Seek medical help immediately
h. ______________	Decrease in body temperature and blood pressure Depressed respirations Deepening state of unconsciousness	Arouse victim Maintain open airway Seek medical help immediately

15. Match levels of mental retardation to their correct characteristics. Write the correct numbers in the blanks. Answers may be used more than once.

_____a. Seldom institutionalized unless behavior problems occur

_____b. Can be trained in some skills such as self-feeding

_____c. Unable to read or write

_____d. May be trained to be self-sufficient in simple activities of daily living

_____e. Capable of academic learning, but only at a slower pace than that of nonmentally retarded individuals

_____f. Most unable to communicate with more than single words

_____g. Unable to support themselves or live alone

_____h. Need total care in home or institution

_____i. Usually cheerful, kind, responsible workers, neighbors, and citizens

1. Mildly retarded (IQ 52 to 76)
2. Moderately retarded (IQ 36 to 51)
3. Severely retarded (IQ 20 to 35)

16. List causative agents of mental retardation.

a. ____

b. ____

TEST

c. ____________________

d. ____________________

e. ____________________

f. ____________________

g. ____________________

h. ____________________

17. List common types of diseases and disorders that cause or may cause mental retardation.

a. ____________________

b. ____________________

c. ____________________

d. ____________________

e. ____________________

f. ____________________

g. ____________________

h. ____________________

i. ____________________

j. ____________________

18. Select from the following list characteristics of Down's syndrome. Write an "X" in the blank before each correct answer.

_____a. Endocrine glands, brain, and heart are the three areas affected

_____b. Behavior is emotionally warm, trusting, and loving

_____c. Brain lacks total growth, causing mild to moderate mental retardation

_____d. Mental retardation ranges from severe to extreme

_____e. Feet are usually short and clubbed

_____f. Ears are affected with profound deformities

TEST

_____g. Zygote has an abnormal splitting of chromosomes, usually chromosome 21 or 22, at moment of pairing

_____h. Skull is small, rounded, and short from front to back

_____i. Mental and physical maturation are slow to occur

_____j. Mental retardation is profound

_____k. Eyes have a downward slant and inward slope; ears are in line with eyes

_____l. Brain, lungs, and skeleton are the three areas affected

_____m. Respirations are shallow and irregular

_____n. Tongue is very large and long, and marked with transverse fissures

_____o. Circulation is poor, and extremities are often cyanotic

_____p. Hands are stubby, broad, flabby, with abnormally short thumb; palms are smooth with one transverse crease

_____q. Genital organs are small, and descent of testes and onset of menstruation are delayed

_____r. Skull is usually larger than normal

_____s. Feet are often marked by a large cleft between first and second toes and a deep furrow running from this gap to heel on sole

_____t. Genital organs are enlarged

_____u. Eyes have an upward slant and outward slope; ears are in line with eyes

_____v. Tooth development is delayed and teeth are often peg-shaped

_____w. Muscles and ligaments are hypotonic, causing an extraordinary range of motion

_____x. Abdomen is large and protruding

_____y. Nose is short and broad, with a flat, depressed bridge

(NOTE: Test question 19 lists the assignment sheet. It is an important part of this test. If it has not been completed, check with your instructor.)

19. Identify types of behavior related to mental health.

INTRODUCTION TO MENTAL HEALTH NURSING
UNIT I

ANSWERS TO TEST

1.	a.	5	e.	6	i.	7
	b.	1	f.	3	j.	9
	c.	10	g.	11	k.	8
	d.	2	h.	4		

2.	a.	3
	b.	5
	c.	1
	d.	4
	e.	2

3.	a.	3
	b.	1
	c.	2

4.	a.	4	e.	2	i.	8
	b.	6	f.	7	j.	10
	c.	1	g.	5	k.	12
	d.	9	h.	3	l.	11

5.	a.	P	f.	N
	b.	P	g.	N
	c.	N	h.	P
	d.	P	i.	N
	e.	N	j.	P

ANSWERS TO TEST

6. a. Huntington's chorea
   b. Cerebral arteriosclerosis
   c. Alzheimer's disease
   d. Alcoholic psychosis

7. a. 4
   b. 3
   c. 1
   d. 2

8. a. Paranoid schizophrenia
   b. Manic-depressive (hyperactive or manic stage)
   c. Manic-depressive (hypoactive or depressive stage)
   d. Undifferentiated schizophrenia
   e. Catatonic schizophrenia
   f. Disorganized schizophrenia
   g. Paranoia
   h. Depressive disorder with melancholia

9. a. 4
   b. 2
   c. 5
   d. 3
   e. 1

ANSWERS TO TEST

10. a. Depressive
    b. Conversion-type hysterical
    c. Hypochondriacal
    d. Obsessive-compulsive
    e. Phobic

11. a. 5
    b. 1
    c. 3
    d. 4
    e. 2

12. a. Anorexia nervosa
        1) Lives revolve around food and the avoidance of eating
        2) Serious health problems are caused by induced vomiting and the overuse of diuretics and laxatives
        3) Strenuous exercise occurs and is carried almost to the frenzy stage
        4) Decreased internal awareness and a sense of ineffectiveness lead patient to focus entirely on the eating process and controlling weight
        5) Amenorrhea occurs early in condition
        6) Weight loss is excessive
        7) Lanugo and bradycardia occur in later stages of condition
        8) Bulimic episodes may occur
    b. Bulimia
        1) Episodes of binge eating occur, followed by vomiting
        2) Normal weight is maintained by alternating binging and vomiting

ANSWERS TO TEST

13. a. Suicide threats
    1) Veiled verbal statements of intent
    2) Nonverbal actions of intent
    3) Direct verbal statements of intent

    b. Suicide attempts
    1) Direct actions that will result in death if not interrupted
    2) Formulation of specific plan, including method, time, and place

14. a. Marijuana
    b. Hallucinogens
    c. Stimulants
    d. Inhalents
    e. Narcotics
    f. Alcohol
    g. Depressants
    h. Tranquilizers

15. a. 1
    b. 3
    c. 2
    d. 2
    e. 1
    f. 3
    g. 2
    h. 3
    i. 1

16. a. Infections
    b. Trauma
    c. Disorders of metabolism, growth, or nutrition

ANSWERS TO TEST

d. Chemical agents

e. Diseases and conditions due to unknown prenatal influence

f. Chromosomal abnormalities

g. Prematurity

h. Psychosocial environmental deprivation

17. a. Rubella (congenital)

b. Syphilis (congenital)

c. Kernicterus

d. Intracranial hemorrhage

e. Birth trauma

f. Phenylketonuria

g. Cretinism

h. Microcephaly

i. Hydrocephaly (congenital)

j. Down's syndrome (mongolism, trisomy 21)

18. a, b, c, g, h, i, k, m, n, o, p, q, s, v, w, x, y

19. Evaluated to the satisfaction of the instructor

ASSESSMENT AND MANAGEMENT OF MENTAL ILLNESS
UNIT II

UNIT OBJECTIVE

After completing this unit, the student should be able to assess and plan care for patients with emotional and mental illnesses. The student will show this knowledge by completing the assignment sheet and unit test with a minimum score of 85 percent.

SPECIFIC OBJECTIVES

After completing this unit, the student should be able to

1. Define terms associated with assessment and management of mental illness.
2. List members of the mental health team.
3. List services available to treat mental illness.
4. Match to their correct descriptions common types of admissions and discharges in psychiatric hospitals.
5. State patient's rights in mental health facilities.
6. List current types of therapy used to treat mental illness.
7. Select from a list the main goals of the nursing staff on a mental health unit.
8. State general principles of therapeutic intervention.
9. State the purposes of a psychiatric interview.
10. List components of the psychiatric evaluation.
11. Select from a list nursing actions for each stage of building a professional therapeutic relationship with a patient.
12. List components of a therapeutic relationship.
13. List strategies for helping patients explore their feelings.
14. Select from a list guidelines for documenting patient data.
15. List components of a psychiatric nursing care plan.
16. Match to their correct descriptions common somatic therapies used in treating mental illness.

OBJECTIVE SHEET

17. Identify drugs used in psychopharmacology according to their uses, side effects, and nursing interventions.

18. Select from a list guidelines for administering medications to patients with behavior problems.

19. Select from a list techniques used in behavior-modification therapy.

20. List characteristics of therapeutic group therapy.

21. Select from a list nursing interventions for relating to patients with special behavior patterns.

22. Select from a list nursing interventions for relating to substance-dependent patients.

23. State nursing interventions for caring for mentally retarded patients.

24. Select from a list nursing interventions for caring for young patients with specific mental illnesses.

25. Relate to patients with emotional and mental disorders.

ASSESSMENT AND MANAGEMENT OF MENTAL ILLNESS
UNIT II

SUGGESTED ACTIVITIES

I. Unit contents

   A. Objective sheet

   B. Suggested activities

   C. Information sheet

   D. Assignment Sheet #1 — Relate to Patients with Emotional and Mental Disorders

   E. Answers to assignment sheet

   F. Test

   G. Answers to test

II. Instructor's guide

   A. Order materials to supplement unit

      1. Films

         (NOTE: Films "a" through "d" are available from CRM McGraw-Hill Films, 110 Fifteenth Street, Del Mar, California 92014.)

         a. *Madness and Medicine.* Color, 49 minutes.

            (NOTE: This film presents a layman's look at the uses of three relatively radical therapies: drugs, electroshock therapy, and psychosurgery.)

         b. *Psychotherapy.* Color, 26 minutes.

         c. *Therapy.* Color, 15 minutes.

         d. *Token Economy.* Color, 23 minutes.

            (NOTE: This film gives practical demonstrations of behavior-modification methods developed by Dr. B. F. Skinner.)

         e. *All My Tomorrows.* Color, 16 1/2 minutes. Available from Centron Films, 1621 West 9th Street, Box 387, Lawrence, Kansas 66044.

            (NOTE: This film relates the personal story of a girl who just once mixed alcohol and barbiturates.)

SUGGESTED ACTIVITIES

2. Filmstrips

   (NOTE: The following filmstrip series are available from Concept Media, P.O. Box 19542, Irvine, California 92714.)

   a. *Nonverbal Communication in Nursing* series

      1) *The Silent Vocabulary*

      2) *Kinesics: The Study of Body Language*

      3) *Touch*

      4) *Proxemics: Space and Human Experience*

      5) *Interactions for Study*

   b. *Nurse-Patient Interaction* series

      1) *The Hospitalized Person*

      2) *The Nurse*

      3) *The Interaction*

      4) *Techniques of Therapeutic Communication*

      5) *Blocks to Therapeutic Communication*

      6) *Interactions for Study*

   c. *Decisions: The Dependent Patient.* Available from the Trainex Corporation, P.O. Box 116, Garden Grove, California 92642.

3. Pamphlets and brochures

   (NOTE: Pamphlets and brochures concerning mental health are available from the Mental Health Association, Suite B, 5104 North Francis, Oklahoma City, Oklahoma 73118.)

4. Publications and posters

   (NOTE: Various publications and posters concerning alcohol abuse are available from the National Clearinghouse for Alcohol Information, P.O. Box 2345, Rockville, Maryland 20852.)

B. Introduce unit by discussing the number of persons affected with mental illness or emotional problems and the variety of treatment modalities.

SUGGESTIONS:

- Show film *Madness and Medicine*, and discuss the overall treatment of patients with mental and emotional problems.

SUGGESTED ACTIVITIES

- Obtain information from the Mental Health Association concerning statistics of number of patients being treated for mental illness.

C. Emphasize the need for nurses to recognize patients who have symptoms of mental illness or who are having difficulty in coping with emotional problems.

SUGGESTION:

- Review briefly how to assess patients who may be showing symptoms of difficulty in coping with emotional problems.

D. Provide students with objective sheet.

E. Discuss unit and specific objectives.

F. Provide students with information and assignment sheets.

G. Discuss information and assignment sheets.

1. Discuss Information Sheet, Section I. Supplement Sections II and III by obtaining local information related to the types of professional individuals and services provided for patients with mental health problems.

   SUGGESTION:

   - Obtain, from local agencies or groups, pamphlets or brochures that explain services for persons needing assistance

2. Discuss Information Sheet, Sections IV and V, outlining the legal implications for patients in mental health facilities.

   SUGGESTIONS:

   - Obtain a copy of the "Title V—Mental Health Rights and Advocacy Act" to read and discuss with students.
   - Invite an attorney to speak to the class concerning legal implications of patients being admitted to or discharged from mental health facilities.

3. Stress the importance of the nurse in encouraging the patient to participate in the types of therapy that are listed in Information Sheet, Section VI.

   SUGGESTION:

   - Discuss the importance of the nurse's interacting with all members of the health team to provide consistency in therapy.

SUGGESTED ACTIVITIES

4. Discuss Information Sheet, Sections VII and VIII. Stress the differences in the atmosphere of a regular medical-surgical unit versus the atmosphere of a mental health treatment unit.

   SUGGESTION:

   - Invite a psychiatric nurse to speak to the class about the therapeutic climate of the mental health unit and the goals of the mental health team.

5. Emphasize the need for the nurse to use all senses when conducting the mental health evaluations outlined in Information Sheet, Sections IX and X.

   SUGGESTIONS:

   - Show filmstrip series *Nonverbal Communication in Nursing*, and relate to the techniques of assessing mental health patients.
   - Set up simulations of interviews for students to practice assessment skills.
   - Invite a psychologist or other professional who gives and interprets tests to speak to the class and give samples of test results used in diagnosing mental illnesses.

6. Discuss Information Sheet, Sections XI and XII. Emphasize the importance of setting the right stage in beginning a professional therapeutic relationship with a patient.

   SUGGESTIONS:

   - In a simulated activity, demonstrate the technique of building the professional therapeutic relationship with a patient.
   - Use Assignment Sheet #1 as a role-playing activity to allow students to practice the technique of building a therapeutic relationship with a patient.

7. Review material related to communication, documentation, and developing care plans, and relate specific information in Information Sheet, Sections XIII through XV, to the care of the mental health patient.

   SUGGESTIONS:

   - Show filmstrip series *Nurse-Patient Interaction* to assist students in helping patients explore their feelings.
   - Have students use information in Assignment Sheet #1 to document correctly a patient's behavior and communication.

SUGGESTED ACTIVITIES

8. Discuss Information Sheet, Section XVI. Reinforce the need to document all information accurately when carrying out procedures. Stress the importance of obtaining informed consent from patients and families.

   SUGGESTIONS:

   - Ask students to give examples of documented information that should be given when performing somatic therapies.
   - Give students examples of the types of written documents that should be completed when patients undergo certain somatic therapies.

9. Discuss Information Sheet, Sections XVII and XVIII. Stress the importance of strict adherence to administration techniques when administering the psychotherapeutic drugs listed in Section XVII.

   SUGGESTIONS:

   - Role-play the administration of medications to mental health patients.
   - Ask students to develop drug cards for drugs used in psychopharmacology. Have students add these cards to their drug card boxes.

10. Discuss Information Sheet, Section XIX. Explain the use of behavior modification in the treatment of many mental illnesses.

    SUGGESTION:

    - Show film *Token Economy*, and discuss the techniques used in the treatment of a variety of mental illnesses.

11. Discuss Information Sheet, Section XX. Assist students in preparing for therapeutic group therapy.

    SUGGESTIONS:

    - Ask students to set up several group therapies within the classroom. Be sure that each student takes the role of leader at least once. Give students topics of discussion, and assign each student a simulated role to play.
    - Obtain permission for students to sit in on a real group therapy session.

SUGGESTED ACTIVITIES

12. Emphasize the use of guidelines in relating to patients with specific behavior problems outlined in Information Sheet, Sections XXI through XXIV. Encourage students to be aware of the uniqueness of each individual.

    SUGGESTION:

    - Role-play simulated situations and patient behaviors students will encounter in a mental health unit. Assist students in feeling comfortable in the nurse's role.

H. Give test.

I. Reteach and retest if necessary.

III. Unit references

A. Morgan, Arthur James, and Mabyl K. Johnston. *Mental Health and Mental Illness.* Philadelphia: J. B. Lippincott Company. 1976.

B. Robinson, Lisa. *Psychiatric Nursing as a Human Experience.* Philadelphia: W. B. Saunders Company, 1983.

C. Schultz, Judith M., and Sheila L. Dark. *Manual of Psychiatric Nursing Care Plans.* Boston: Little, Brown and Company, 1982.

D. Stuart, Gail Wiscarz, and Sandra J. Sundeen. *Principles and Practice of Psychiatric Nursing.* St. Louis: The C. V. Mosby Company, 1983.

ASSESSMENT AND MANAGEMENT OF MENTAL ILLNESS
UNIT II

INFORMATION SHEET

I. Terms and definitions

   A. Somatic — Pertaining to the framework of the body as distinct from the psyche

   B. Acathisia — Condition in which one is compelled to change body positions frequently or to rise and pace the floor

   C. Operant conditioning — Method of influencing behavior by rewarding an individual for certain forms of behavior

   D. Milieu therapy — Method of psychotherapy that controls the environment of the patient to provide interpersonal contacts that will promote sense of trust, assurance, and personal autonomy

   E. Mental incompetence — Mental inability to retain charge of one's self or possessions; condition not due to insanity but due to old age, weakness of the mind, or other causes

   (NOTE: Various levels of mental incompetence can occur. Persons who are judged incompetent to the point of being a danger to self or others usually are assigned guardians to assist in the management of their lives.)

II. Members of the mental health team

   A. Psychiatrist

   B. Clinical psychologist

   C. Psychiatric social worker

   D. Psychiatric nurse

   E. Psychiatric aide

   F. Occupational therapist

   (NOTE: An occupational therapist uses self-help; manual, creative, recreational, and social education; and prevocational and industrial activities to elicit the desired mental or physical response from the patient.)

   G. Recreational therapist

   H. Public health nurse

INFORMATION SHEET

III. Services available to treat mental illness

A. Inpatient psychiatric hospitals

B. Outpatient treatment centers

(NOTE: Some facilities provide inpatient and outpatient services.)

C. Emergency and crisis care

(NOTE: Many facilities offer a crisis hot line telephone service for those persons needing to talk to someone concerning their immediate problems. Suicide-prevention hot lines have been valuable in emergency counseling and probably have prevented many persons from taking their lives.)

D. Consultation, diagnostic, and educational services for the general public

E. Community half-way houses or rehabilitation services

IV. Descriptions of common types of admissions and discharges in psychiatric hospitals

A. Admissions

1. Voluntary admission — Any citizen of lawful age may apply in writing for admission to a public or private psychiatric hospital

(NOTE: If the person is too ill or under the age of sixteen but wants to voluntarily seek help, a parent or legal guardian may make the request. The patient retains all civil rights under this admission.)

2. Involuntary admission (commitment) — Request for hospitalization does not originate with the person, but criteria for admission and legal steps are recognized and carried out

(NOTE: The criteria for this type of admission vary, but three conditions are generally used: the person is dangerous to others or to self, or has a serious need for treatment. Various states differ in the criteria and the actions that need to be taken to commit a person for treatment.)

3. Emergency detention — As a means of controlling an immediate threat to self or others, person who is acutely ill can be committed for treatment by the family, a physician, or someone designated by the state

(NOTE: The usual detention is seventy-two hours. A petition must be filed and reviewed by two physicians and then reviewed by a judge before continued hospitalization of the person. After seventy-two hours, the individual is entitled to a sanity hearing with jury.)

INFORMATION SHEET

4. Temporary or observational admission — Person is committed for a specified time period for the purpose of diagnosis

   (NOTE: The time period may be from two to six months, depending on the person and the case. Many criminal cases use this type of admission to assess a person's mental competence and to determine whether the person is able to stand trial.)

B. Discharges

1. Voluntary discharge — Patient can be discharged from hospital when the staff thinks that patient has received maximum benefit from treatment, or when patient wants to leave

   (NOTE: The patient must submit a request for discharge and is usually released twenty-four to seventy-two hours following the request.)

2. Involuntary elopement — Patient leaves the hospital without any type of discharge release

   (NOTE: Temporary and emergency commitments or admissions usually state the amount of time the patient must stay. If the patient leaves before that time and has not been officially released, the police may be notified to find and return the patient.)

3. Conditional discharge — Before discharge, patient is allowed transitional leave of absence into the community, but must follow certain hospital requirements

   (NOTE: The hospital or community center may allow the patient to leave for certain periods of time by leaves of absence or liberties. They may require the patient to attend outpatient therapy or to see a counselor or psychiatric social worker while away from the facility. As the patient progresses, the leaves of absence may be extended until treatment has been accomplished.)

4. Absolute discharge — Patient terminates relationship with hospital totally

   (NOTE: If the person suffers a relapse, new admission proceedings must take place. In some of the other discharges, person can be placed or come back to the facility without applying or being readmitted.)

5. Judicial discharge — Patient or family appeals to court for dismissal and discharge, even though hospital disagrees with such action

INFORMATION SHEET

V. Patient's rights in mental health facilities

(NOTE: Some states have standardized the rights of patients to use as a guide in setting up treatment formats. Other states waver in how far the rights go and what type of legalities may be upheld in an individual case. For example, many states differ as to the extent that basic civil rights should be extended to a patient. Does the patient have the right to obtain a driver's license, marry, or vote during the period of commitment? The nurse needs to be aware of the specific legislation when working in a mental health facility. Also, the nurse must consider the care of the individual when determining whether certain rights would be beneficial or harmful to the patient. Consider the right to communication and visitation. If the patient is extremely nervous, fearful, and stressed when confronted with a certain person, should you allow that person to visit or communicate with the patient?)

A. Right to individualized treatment

B. Right to certain standards in the physical environment

C. Right to personal activities

D. Right not to undergo hazardous or frivolous therapy

E. Right to give or refuse consent prior to any treatment or inclusion in any research project

F. Right to communication and visitation

G. Right to privacy and dignity

H. Right to civil service status

(NOTE: This right allows the patient to apply for jobs within the government without fear of discrimination for needing psychiatric care.)

I. Right to periodic review of status

VI. Current types of therapy used to treat mental illness

A. Milieu therapy

B. Physical or somatic therapies

EXAMPLES: Psychopharmacology and electroconvulsive therapy

C. Group therapy

D. Occupational and recreational therapy

E. Individual therapy

INFORMATION SHEET

VII. Main goals of the nursing staff on a mental health unit

A. Identify patient's optimum level of health and functioning; make that level the goal of nursing care plan

B. Recognize and accept patient as an individual

C. Assess patient and work with team to plan nursing care

D. Involve patient and patient's significant others in planning of care

E. Maintain a safe environment, including protecting patient and others from injury

(NOTE: Safety measures will depend on the type of unit and the patient.)

EXAMPLES: Dispose of all needles safely; remove all mouthwash, cologne, aftershave, and similar products if substance abuse is suspected; do not allow smoking in bedrooms; keep keys to unit on person at all times; identify potential weapons and keep out of patient's reach.

F. Provide external controls for patient until patient can maintain self-control

G. Provide a therapeutic environment

H. Examine and recognize own feelings and be willing to work through those feelings

(NOTE: The nurse must recognize that not every patient will respond or relate to him or her. Each person has a unique personality made up of attitudes and beliefs. If a nurse has strong feelings about a patient's behavior, then another nurse should be assigned to that patient.)

I. Maintain honesty and nonjudgmental attitudes at all times

J. Accurately observe and document patient's behavior

K. Provide safe nursing care, especially when giving medications and when patient participates in one-on-one interactions or formal and informal group situations, activities, and role-playing

L. Provide feedback to patient based on patient's behavior

M. Provide opportunities for patient to make own decisions and to accept responsibility for self, actions, feelings, and life

N. Work toward a realistic discharge plan

INFORMATION SHEET

VIII. General principles of therapeutic intervention

(NOTE: Therapeutic interventions will differ with each patient and nurse because of the uniqueness of individual behavior and responses. But, the nurse should apply some general principles to provide appropriate treatment for each patient.)

A. Accept patient even if you cannot accept patient's behavior

(NOTE: A patient with mental illness cannot be expected to meet normal standards of behavior but should not be punished for his or her actions. On the other hand, the patient should not be overly rewarded if normal standards are met. The nurse should accept the patient but does not have to accept the patient's behavior.)

B. Explain to patient what to expect in the type of therapy given

(NOTE: A mental patient is no different than other patients. What you are going to do and why you are going to do it should always be explained in brief, clear terms.)

C. Allow patient to ventilate any feelings without fear of retaliation

(NOTE: The nurse must be willing to actively listen to patient when he or she expresses emotions of anxiety, fear, hostility, hatred, and anger. Even though the patient may express those feelings and direct them toward the staff, this is healthier than keeping those feelings bottled up.)

D. Set limits on patient's behavior, and make limits clear to patient and to significant others

(NOTE: Although the nurse should allow patient to express self, some limits of behavior must be set. In setting limits, the nurse reinforces consistency and contributes to the patient's feelings of security.)

E. Analyze your own feelings, and work toward understanding yourself before entering into any relationship with patient

(NOTE: The more the nurse increases self-understanding, the easier it will be to intervene in a therapeutic relationship with a patient.)

F. Contribute to patient's security by being consistent in interventions

(NOTE: Consistency of treatment should be extended from person to person and from shift to shift to provide a secure environment for the patient.)

G. To reassure patient that the staff is interested in his or her treatment, give attention to matters that are important without asking that the patient give anything in return

INFORMATION SHEET

IX. Purposes of a psychiatric interview

- A. Establishing rapport with patient
- B. Assessing how patient's mind is working
- C. Gaining knowledge of the type of coping behaviors and patterns of living involved in current problem

  (NOTE: Skills in communication are valuable in this process of obtaining pertinent information. To gain a true picture of the patient's condition, the nurse needs good listening and observation skills.)

- D. Identifying patient's perception of the problem or source of conflict

X. Components of the psychiatric evaluation

- A. Current problem identification

  (NOTE: This component gives the nurse an idea of when the problem began, how long the problem has existed, and if any solutions were attempted by the patient. The nurse also needs to find out exactly how this problem has changed the patient's life-style.)

- B. History taking

  (NOTE: A complete patient history needs to be taken, including medical, psychiatric, family, and personal histories.)

- C. Mental-status examination

  (NOTE: A general mental-status examination should include appearance, consistency of current behavior, and reactions to the interview and to the interviewer. A more specific examination may include tests that evaluate mental and intellectual functioning, thought processes, affect and mood, and insight or understanding of current situations.)

- D. Organized interpretation of data by interviewer

  (NOTE: The nurse should not be responsible for diagnosis of a condition but should be able to document in an organized manner the behavior of the patient and make a nursing diagnosis.)

- E. Treatment plan

  (NOTE: An initial treatment plan can be developed to present to the other mental health team members. After reviewing all the data and observing the patient further, the team members can plan more specific goals and treatment therapies.)

INFORMATION SHEET

XI. Nursing actions for each stage of building a professional therapeutic relationship with a patient (Assignment Sheet #1)

A. Introductory or orientation stage

(NOTE: This stage establishes the main purpose of the relationship and establishes the roles for both nurse and patient. This stage is very important in setting the climate for the therapeutic relationship.)

1. Introduce yourself to patient

   (NOTE: The patient may or may not respond to your introduction. If not, you may still develop a relationship by stating who you are and by telling the patient that you would like to spend some time with him or her.)

   EXAMPLE: Good morning, Mrs. James. My name is Miss Rates, and I am a student nurse. I would like to spend some time with you today after lunch.

2. Explain your role on unit and within milieu or treatment team

3. Obtain patient's perception of the problem and what patient expects to gain from the treatment unit

4. Assess patient's behavior, attitudes, problems, and needs

5. Make your expectations for the relationship clear to patient

6. Be honest in all interactions with patient

   (NOTE: Be matter of fact in dealing with unpleasant issues, especially those dealing with commitment, legal involvements, or other conditions of the hospitalization.)

7. Let patient know that you will be involved in the therapeutic relationship for a specified period of time and that when the treatment has ended the relationship will end

   (NOTE: Let patient know from the beginning that you are establishing a set amount of time to interact in the relationship. This sets the limits up front.)

B. Testing stage

(NOTE: In this phase, the patient may attempt to manipulate the nurse to try to discover the nurse's sincerity and dependability. The patient may be pleasant and agreeable or uncooperative and angry. The nurse must set and maintain limits that are acceptable for a therapeutic relationship.)

1. Show patient that you accept him or her at all times, but that you do not accept undesirable behavior

INFORMATION SHEET

2. Set and maintain limits on patient's unacceptable behavior

   (NOTE: Methods of maintaining the limits may include isolating the patient or withdrawing your attention from the patient.)

3. Offer alternatives for patient's unacceptable behavior

   EXAMPLE: "Do not hit the wall when you are angry; punch your pillow instead."

4. Let patient know that pertinent information will be shared with other staff members

   (NOTE: Let patient know that the mental health team will be working together in the treatment plan.)

C. Working stage

(NOTE: This is the longest stage because both patient and staff begin to focus on problems and solutions or changes to be made. During this stage, the patient may regress to testing the staff or to former behaviors. This should be anticipated by the staff and dealt with accordingly.)

1. Identify the problems and behavior(s) that led to patient's hospitalization

2. Establish a regular schedule for meeting with patient, and do not make promises that you cannot keep

   (NOTE: Tell the patient how much time you have to spend at each interaction. Do whatever you say you will, or explain honestly why you cannot follow through. Expect the patient to be disappointed or angry, and help the patient express these feelings.)

3. Encourage patient to ventilate feelings and to find new methods of dealing with stress

4. Assist patient in dealing appropriately with interpersonal problems if they arise

   (NOTE: Patient may develop a dependency on one person or may even develop a personal closeness. Feelings of intimacy or sexual desires may surface during this period. The nurse needs to be aware of these feelings and must allow the patient to express and ventilate these feelings. There are also times when the nurse realizes that his or her own feelings must be dealt with appropriately.)

INFORMATION SHEET

D. Termination stage

(NOTE: The termination stage actually begins to take place in the first stage when the working period of time is established. As the patient moves toward more self-reliance and as tentative plans are made to return home or to the community, termination stage is realized.)

1. Assist patient in making discharge plans

2. Anticipate patient's anxiety or insecurity when release is imminent

   (NOTE: The patient may even revert to manipulative behavior or to current problem behavior in an attempt to cope with or to delay discharge.)

XII. Components of a therapeutic relationship (Assignment Sheet #1)

A. Respect

(NOTE: Respect or unconditional regard for the patient does not depend on the patient's behavior. The nurse must assume an attitude that is nonjudgmental and without criticism or ridicule. Imperfections, human frailties, and mistakes are accepted as part of the human condition.)

B. Empathetic understanding

(NOTE: The nurse must communicate to the patient that a certain sensitivity is felt for the patient's present feelings. The nurse in many instances must put aside his or her own views and values to enter the patient's world. The more empathy the nurse expresses at the beginning of the relationship, the more successful the outcome.)

C. Genuineness

(NOTE: Sincerity is vital. A false expression of the nurse's response is often immediately picked up by a patient. Nurses who say one thing but really think and feel another will not be successful in developing a therapeutic relationship. The nurse must be what the response shows. The nurse can still adopt a professional approach but must use an approach that shows a real aspect of his or her personality.)

D. Concreteness

(NOTE: Concreteness means that the nurse will use specific terminology concerning the patient's feelings, experiences, and behavior. This ensures that the patient and the nurse have an accurate understanding about what is being said. Using the same terminology results in consistency and often helps to prevent the patient from rambling or straying from immediate problems.)

INFORMATION SHEET

XIII. Strategies for helping patients explore their feelings

A. Clarifying patient's thinking

EXAMPLES: "Can you describe that to me in different words?"

"I don't think I understand that."

"How does what you are saying relate to the problem you have now?"

B. Supporting patient when he or she attempts to solve problems

EXAMPLES: "That is a tough subject to deal with."

"You are doing a good job in dealing with your feelings."

C. Confronting and interpreting when patient is confused

EXAMPLES: "I see that you are crying. Are you angry or sad at this time?"

"You look confused. How do you really feel?"

D. Focusing on patient

EXAMPLES: "How do you feel about that?"

"What do you do when . . . ?"

"Tell me more about . . . "

XIV. Guidelines for documenting patient data

A. Use charting style dictated by hospital policy

(NOTE: Some hospitals will use the traditional style, or the SOAP method. Others may use a type of flow sheet or a specific form for nurses notes. Because mental health nursing depends on descriptive charting for accountability, it is best to learn the hospital's traditional method.)

B. State subjective data verbatim

EXAMPLES: "I'm scared to go to group therapy. Everyone will laugh at me."

Mother of patient states: "He has always been such a good child, until that bunch of hoodlums gave him those drugs."

INFORMATION SHEET

C. State objective data as you see it, *not* as you interpret it

EXAMPLES: "Patient is smoking rapidly one cigarette after another and is pacing up the hall to the nurse's station and back down to her room."

"Patient appears well-groomed in clean, pressed clothing, with hair combed and a moderate amount of makeup applied."

XV. Components of a psychiatric nursing care plan

A. Patient information and date of admission

(NOTE: This information will contain the usual name, sex, age, marital status, race, religion, and occupation data seen on a regular chart. It may also contain information concerning the patient's present living environment and the patient's immediate significant others or support system.)

B. Medical and nursing diagnoses

C. Objective and subjective data

D. Short-term and long-term goals

E. Nursing actions

F. Rationale

G. Evaluation

H. Treatment plan

(NOTE: The plan will include goals, precautions, socialization and visiting privileges, and recreational therapy restrictions.)

I. Medications

J. Somatic treatments

EXAMPLES: Hydrotherapy, electroconvulsive therapy

K. Diagnostic and psychiatric tests

XVI. Descriptions of common types of somatic therapies used in treating mental illness

A. Mechanical restraints — Use of devices to control or limit patient's mobility

EXAMPLES: Camisoles (straitjackets), sheet restraints, wrist and ankle restraints

INFORMATION SHEET

(NOTE: Patients are restrained when they become violent toward themselves or others, when they exhibit agitated behavior when medication is contraindicated, or when they regress to socially unacceptable behavior accompanied by hyperactivity. There are many legal implications in restraining patients. Informed consent should be obtained from the patient and family at the time of admission. If restraints are used, they should be ordered specifically by the physician and their use documented thoroughly.)

B. Seclusion or isolation — Use of confinement to isolate patient in a single room

(NOTE: Seclusion is prescribed for a number of reasons. Hyperactive patients are often secluded to decrease outside stimuli. Destructive patients are secluded when other methods, including either physical or verbal interpersonal contact, cannot be used to control the patient's behavior. Patients with antisocial behavior who respond to behavior-modification techniques are often secluded as a negative-reinforcement technique.)

C. Psychosurgery — Use of surgical intervention to interrupt selected neural pathways that involve the transmission of emotional impulses in the brain

(NOTE: In the past, these surgeries were known as "lobotomies" because the focus of the surgery was the pathway from the thalamus to the frontal lobes of the cerebral cortex. This surgery was performed as a last measure and finally was not used because of newer therapies. Presently, some psychosurgery has become more common as new techniques evolve and knowledge is gained.)

D. Electroconvulsive therapy (ECT, EST) — Use of an electrical current sent through electrodes applied to the temples to artificially induce a grand mal seizure

(NOTE: Electroconvulsive therapy or electric shock therapy was used in the past for patients with schizophrenia and now is used mostly in the treatment of severely depressesd patients. New psychotrophic drugs have reduced the use of ECT greatly, but the therapy is still used for some patients. Physicians who use ECT feel that the patient is more receptive to psychotherapy following the treatments. The nurse who prepares the patient for treatment, assists throughout the procedure, and cares for the patient following the treatment should be well informed on the use of the equipment and the nursing care needed.)

E. Psychopharmacology — Use of psychotrophic drugs and other substances to treat or control mental illness

(NOTE: Patients in a psychiatric setting will usually take medications without any problems. Legal implications sometimes make the administration of medications a problem. Careful documentation of drug administration is needed.)

INFORMATION SHEET

XVII. Uses, side effects, and nursing interventions for drugs used in psychopharmacology (Table 1)

TABLE 1

Drug	Use(s)	Side Effects	Nursing Interventions
Antianxiety EXAMPLES: Valium, Miltown, Librium, Tranxene, Vistaril	Reducing anxiety Sedating	Drowsiness Ataxia Confusion Slurred speech Lethargy Vertigo Impaired vision Dry mouth Weight gain	Caution patient in the use of these drugs and alcohol Give only in small amounts If addiction is suspected, watch for serious symptoms such as grand mal seizures
Antidepressant EXAMPLES: Elavil, Tofranil, Sinequan, Triavil, Limbitrol (NOTE: There are two types of antidepressant drugs: tricyclics and monoamine oxidase inhibitors [MAOIs].)	Alleviating depression	*Tricyclics—* Dry mouth Blurred vision Nausea Heartburn Drowsiness Constipation Jitteriness	Advise patient that effects of drug will not occur fully until up to three weeks after first dose If overdose occurs, observe for cardiovascular and renal side effects
		MAO Inhibitors— Hypertensive crisis if combined with foods that contain tyramine Severe headaches Hyperactivity Dizziness Dry mouth Constipation	Advise patient to see physician immediately if he or she experiences a headache Caution patient not to eat aged cheeses, red wines, beer, chicken livers, pickled herring, cream, chocolate, yeast, or fava beans if taking an MAO inhibitor

INFORMATION SHEET

Drug	Use(s)	Side Effects	Nursing Interventions
Antipsychotic EXAMPLES: Thorazine, Compazine, Sparine, Mellaril, Haldol, Repoise, Navane (NOTE: The antipsychotic drugs are divided into four groups: phenothiazines, thioxanehenes, butyrophenones, and rauwolfia alkaloids.)	Tranquilizing Sedating	Dystonia Impotence Weight gain Lactation Menstrual irregularities Oversedation Acathisia Orthostatic hypotension Anticholinergic effects Parkinson's syndrome Impaired psychomotor function Photosensitivity Potentiation of other drugs and alcohol	Advise patient to take medication at night if he or she experiences groggy effects when beginning dosage Observe for reactions of dystonia and treat as ordered Give supportive care to patient exhibiting bizarre, uncontrolled movements as a result of medication Provide for adequate rest Assess blood pressure often, and warn patient that sudden changes in position may cause hypotension Assess for bowel habit changes, and prevent constipation Assess for possible blood dyscrasias Caution patient taking chlorpromazine to avoid exposure to direct sunlight as serious sunburn can occur Observe for skin rashes as an allergic reaction, and treat as ordered
Lithium carbonate	Controlling behavior seen in manic-depressive disease in manic phase to prevent mood swings	Sluggishness Ataxia Lethargy Fine tremors Anorexia Slurred speech Nausea and vomiting (NOTE: Seizures, coma, and death may occur if toxic condition is not treated.)	Advise patient that affects of drug will not occur until a systemic level of drug is reached Assess levels of drug through periodic blood samples Caution patient to notify nurse or physician if any toxic side effects occur Advise patient to contact physician if other conditions occur that will affect electrolyte balance

INFORMATION SHEET

Drug	Use(s)	Side Effects	Nursing Interventions
Sedatives and hypnotics (NOTE: This class includes the barbiturates and nonbarbiturates.) EXAMPLES: Luminal, Seconal, Amytal, Noludar, Placidyl, Noctec, Dalmane	Treating insomnia	*Barbiturates—* Respiratory depression Rash Confusion Depression Dizziness Headaches Residual sedation Nausea and vomiting Anemias Circulatory depression *Nonbarbiturates—* Rash Hangover Diarrhea Blood dyscrasias Nausea and vomiting Headache Ataxia Facial numbness Blurred vision Gastric irritation Lethargy Irritability	Use with caution in suicidal patient Use other methods to promote sleep before giving drug Assess effects of drugs in patient suspected of abuse Caution patient against combining drug with alcohol

XVIII. Guidelines for administering medications to patients with behavior problems

A. Check mouth carefully after administration of oral tablets or capsules; make sure that patient swallows drug

(NOTE: The suicidal patient may try to hide the medication within the mouth and hoard it until a later time so that he or she can take a large overdose. The suspicious or noncompliant patient may hide the medication and later dispose of the drug.)

B. Observe patient's behavior after medication is given

(NOTE: The nurse should watch for the normal effects of the drug to occur. The suicidal patient, if hiding and hoarding the drug, will not have a normal response.)

INFORMATION SHEET

C. Confront patient if actions indicate that hoarding of drugs is occurring

(NOTE: Confrontation should be done in a nonthreatening manner. Real concern for the patient's welfare should be conveyed. Search patient's room if hoarding is still suspected. Be aware that there could be legal implications if the patient, the room, or the patient's belongings are searched without the patient's consent and without proper documentation of facts.)

D. Give drug parenterally if patient refuses oral medication

(NOTE: Parenteral medication for the noncompliant or suspicious patient may be given with the physician's orders. Be sure to document all facts to avoid legal implications.)

E. At appropriate time, discuss patient's feelings concerning medication

(NOTE: A patient with emotional and mental illness expects a great deal from medication. It is easy for patient to become dependent on the drug and become convinced that it will solve all his or her problems. The time to discuss these feelings is not when patient is demanding the medication. At these times, anxiety and stress prevent patient from being able to clearly communicate needs.)

F. Use placebos only with physician's order and only after discussing their use with other mental health team staff

(NOTE: The use of placebos with the dependent and suspicious patient means that the patient is being deceived. If found out, the staff could lose the trust and cooperation of the patient.)

G. Approach the noncompliant and suspicious patient confidently, and convey a positive expectation that the medication will be taken

EXAMPLE: "Here is your medication, Mrs. Bloom. Put it in your mouth and swallow it with a sip of water."

H. Use the same form of medication each time it is given to the suspicious patient

EXAMPLE: If you have been giving the patient chlorporomazine 150 mg, the staff should agree to give it in the same consistent form, either one 100 mg and one 50 mg tablet or three 50 mg tablets.

I. Never try to trick a patient into taking medication by disguising it in food or drink

J. When patient is ready to be discharged, instruct patient and family in the use and side effects of prescribed drugs

INFORMATION SHEET

XIX. Techniques used in behavior-modification therapy

(NOTE: Behavior-modification therapy is best used with certain phobias, sexual disturbances, and obsessive-compulsive neuroses.)

A. Teach methods of relaxation to patient

B. Desensitize patient in whatever area conflict is being experienced

C. Use conditioned avoidance methods that pair an unpleasant stimulus to the patient's habit pattern so that patient learns to avoid both the stimulus and the habit

EXAMPLE: Use of Antabuse to treat alcoholism

D. Use operant conditioning to reward patient for positive or desirable behavior

(NOTE: In some psychiatric units, token economy is used to reward patients for positive behavior. A token is given for certain behaviors, and at the end of each day or week, the tokens are added up and can be used for certain items or activities the patient desires.)

XX. Characteristics of therapeutic group therapy

A. Group should be composed of fairly stable or similar persons to promote a feeling of belonging

B. Group meetings should last from one to one-and-one-half hours

C. Group meetings should be held from once to as often as three times weekly

D. Group leader should be nurse or therapist trained in leading group therapy

E. Group meeting should be held in a room accessible to all members, with enough room for comfortable chairs but small enough to provide for a feeling of togetherness

F. Topics for discussion may be provided by patients or the leader

(NOTE: Depending on the group, topics discussed may concern a problem area for one or more of the members or a problem experienced in the unit or with the staff. The leader may decide on a topic based on knowledge of the problems of the group members.)

G. Problems with group members should be handled by peers and leader

(NOTE: Acting out during meetings may be acceptable, depending on the behavior. The peer group may decide on a course of action to monitor behavior of a problem member.)

INFORMATION SHEET

XXI. Nursing interventions for relating to patients with special behavior patterns

A. Aggressive behavior patterns

(NOTE: Those patients exhibiting aggressive behavior patterns do so in three forms: explosive excitement, agitated depression, or retarded depression. All of these behaviors are due to hostility and guilt. The patient experiences feelings of hostility and then accompanying feelings of guilt.)

1. Explosive excitement

(NOTE: Patient explodes with ridicule, sarcasm, and outbursts of destructive behavior; is very vulnerable to any criticism; and is deeply wounded when anyone seems to slight or ignore him or her.)

a. Provide a calm, accepting, nonchallenging atmosphere

b. Provide a quiet room when explosive episodes occur

c. Prepare to redirect patient's crudity of manners, offensive behavior, vulgar speech, or other mechanisms for discharging hostility

d. Reassure patient of personal worth

e. Provide work and play outlets for aggressive energy

f. Provide acceptable outlets for destructive behavior

(NOTE: Until hostility decreases, provide activities that can be done alone, then slowly increase group involvement.)

2. Agitated depression

(NOTE: The patient who exhibits agitated depression feels overwhelming anxiety and self-directed hostility. Worthlessness and self-pity are two of the major characteristics seen in this patient. The patient is sure that all of the sins committed are unpardonable and that self-punishment is the only way to cope with these feelings.)

a. Provide constant support, acceptance, understanding, and warmth

b. Encourage patient to ventilate hostility in an appropriate and acceptable manner; reassure patient when positive changes are made

INFORMATION SHEET

c. Make sure that intake of food and medication is accomplished

(NOTE: Patient is unable to sleep and eat properly, and much supervision is needed to maintain the patient's health.)

d. Encourage activity and routine exercise

e. Be alert constantly for any signs of self-destructive behavior, and take all precautions to prevent suicide

3. Retarded depression

(NOTE: Patient is very withdrawn and his or her life centers around failures and inadequacies rather than sins or crimes committed. The display of sadness and hopelessness is evident because withdrawal is total.)

a. Place patient on an active, stimulating unit that is challenging and provides opportunities for positive experience

b. Supervise patient's diet, elimination, and hygiene, and keep patient active with exercise

c. Be alert constantly for any signs of self-destructive behavior because this patient is a high risk for suicide

d. Give patient menial tasks to do if patient asks for such tasks

EXAMPLES: Straightening the reception area, emptying ashtrays, dusting furniture

B. Ritualistic behavior patterns

(NOTE: Ritualistic behavior is used as an attempt to reduce a threatening environment and decrease anxiety. If the patient is not allowed to perform this behavior, the anxiety increases until it is intolerable.)

1. Make patient feel accepted, even though the compulsive ritualistic behavior presents difficulty on unit

2. Reduce patient's anxiety on the unit by building confidence that patient's ritualistic behavior will not interfere with personal relations with others

(NOTE: Certain limitations must be enforced if the patient's ritualistic behavior may be harmful to the patient or to others.)

INFORMATION SHEET

3. Make sure that patient understands that no one is criticizing the compulsive behavior and that eventually with therapy the behavior will no longer be needed

4. Use behavior modification, if prescribed, to attempt to limit or decrease compulsive activity

C. Withdrawal behavior patterns

(NOTE: A patient with withdrawal behavior is unable to expend emotional interest on persons or objects outside of the self. The failure to respond appropriately builds until the patient becomes inconsistent in behavior and the observer sees a complete disorganization of the personality.)

1. Offer acceptance without criticism or judgment

2. Build a one-to-one relationship with patient in varying stages

   (NOTE: At first, the severely withdrawn patient will not even acknowledge the nurse's presence. The patient will sit quietly or lie in a fetal position, passively allowing the staff to perform personal hygiene and feeding. A trusting relationship can be formed even at the very beginning by just sitting by the patient without speaking and later working up to a one-on-one relationship.)

3. When patient can accept others, extend the one-on-one relationship by inviting other patients to join the activities

4. Reassure patient that he or she is a person of real worth

D. Projective behavior patterns

(NOTE: A patient with projective behavior is highly suspicious and uses denial as a coping mechanism. Patient has unacceptable thoughts and self-inadequacies and is terribly insecure.)

1. Listen carefully to patient's story, no matter how unreal it may be; accept person if not the story

   (NOTE: The patient is extremely hostile and handles the insecurity felt by projecting faults to others. As a child this patient harbored hostile feelings but tried to hide them. Because these feelings were unacceptable, they were hidden but projected to other people. As the child grows up, the projection becomes a way of living and develops into feelings of superiority and delusions of grandeur that finally lead to the need for psychiatric treatment.)

INFORMATION SHEET

2. Use tact and courtesy when dealing with patient's negative emotions and behavior

   (NOTE: Try to remember that the patient's environment has caused feelings of inadequacy and that social skills are poorly developed.)

3. Document patient's story carefully, without agreeing or disagreeing with the content

4. Praise patient in a genuine manner for any accomplishment

5. As delusions subside and self-confidence builds in social skills, slowly begin to include patient in group activity

6. Observe patient carefully for any signs of attack on others in unit

   (NOTE: Because the patient has delusions of grandeur, he or she may feel that others are out to cause harm, and there may be danger of patient striking out at others.)

E. Physical disabilities behavior patterns

(NOTE: The patient who uses physical disabilities and symptoms as a means of channeling anxiety does not want them treated. The patient uses these symptoms to gain attention and needs the sympathy as reassurance of self-importance.)

1. Listen carefully to all descriptions of the physical problem, and document data carefully

   (NOTE: It is common to see this type of patient in general hospitals going through innumerable examinations and tests. The physicians exhaust every avenue to attempt to find the physical problem.)

2. Try to convey to patient that he or she has real worth

3. Try not to make too many comments concerning patient's complaints because the comments will probably be added to patient's conversation the next time complaints are repeated, reinforcing the problem

4. Try to involve the patient in activities that will keep him or her from dwelling on problems or complaints

   (NOTE: If the patient can find acceptance in other activities and receive the needed attention, the need to complain about physical disabilities will decrease.)

INFORMATION SHEET

XXII. Nursing interventions for relating to substance-dependent patients

A. Alcohol dependent

(NOTE: There are two schools of thought concerning alcoholism. One theory is that alcoholism is considered to be a disease brought about by the body's intolerance of the alcohol. Another theory comes from psychologists who have determined that there are types of alcoholics that begin drinking for a number of reasons, usually in response to some external stress. They believe the reactive alcoholic drinks following some external stress that has deeply depressed him or her. The interpersonal alcoholic drinks because of relationships that are unrewarding and uncomfortable and uses the alcohol as an escape mechanism. The addictive alcoholic drinks in a self-destructive manner.)

1. Accept patient and provide needed support, even though patient may repeatedly go back to drinking

2. Encourage patient to relate the problems or conflicts that cause drinking

   (NOTE: Many alcoholics begin drinking in direct relationship to a problem. Others begin drinking socially and develop a dependency that they are at first unaware of and will deny.)

3. Encourage patient to become involved in recommended treatment therapy

   (NOTE: Individual psychotherapy, milieu therapy, family therapy, behaviors modification therapy, and group therapy are choices of treatment for the alcoholic. Alcoholics Anonymous is a very successful type of group therapy for the rehabilitation of the alcoholic. There is no specific therapy for alcoholism, and the person must want to control or to stop drinking for any therapy to be effective.)

4. Educate patient in the use of medications in aversion therapy

   (NOTE: Anabuse is one of the main drugs used in the treatment of alcoholism. If the alcoholic consumes any alcohol while taking the drug, it will immediately cause stomach cramps and vomiting.)

B. Drug dependent

(NOTE: Currently the patient who is addicted to drugs is said to be "drug dependent." Treatment depends on the type of drug, the length and extent of the involvement, and the general health of the person.)

1. Assist in detoxifying process

   (NOTE: Patients may be seen in detoxification centers, state hospitals, private institutions, and general hospitals. The method of detoxification depends on the drug being used.)

INFORMATION SHEET

2. Keep patient from harm, and provide safe environment as patient proceeds through withdrawal stage

3. Encourage patient to verbalize feelings, and give support as treatment continues

4. Educate family in available resources that can assist in the treatment process

XXIII. Nursing interventions for caring for mentally retarded patients

(NOTE: Care for a mentally retarded patient depends on the type or cause of retardation and the level of retardation. A specific care plan should be made with specific short-term and long-term goals outlined for each patient.)

A. Assist in diagnostic testing to evaluate level of retardation

B. Refer families to resource groups that can assist them in coping with the problems encountered in caring for a mentally retarded person

C. Accept patient as an individual, and provide opportunities for him or her to grow and learn to the highest level possible

D. Provide loving and caring atmosphere for the institutionalized patient

E. Give patient freedom to experience growth in an open atmosphere, but provide consistent discipline and set limitations

(NOTE: Caregivers have a tendency to be permissive with the mentally retarded patient and to overlook misbehavior. A retarded child needs the security of set standards and consistent discipline just as children with normal intelligence do. An adult retarded patient needs the security of set standards of behavior.)

F. Be patient in dealing with mentally retarded child and his or her family

(NOTE: Parents of an institutionalized child feel a great deal of guilt and anger that may be projected to staff members. An open line of communication helps parents understand the needs of the child, the care being given, and how they can help.)

XXIV. Nursing interventions for caring for young patients with specific mental illnesses

A. Autism

(NOTE: The two main symptoms of autism in the early stages are withdrawal and obsessiveness. The child cannot relate to other people and often becomes mute. Temper tantrums occur frequently if anyone interferes with activities.)

INFORMATION SHEET

1. Maintain sameness and a consistent atmosphere of acceptance and firmness

   (NOTE: The autistic child cannot tolerate changes—even small ones. A small room should be kept for the child, with all of the belongings placed in specific areas.)

2. Accept tantrums without comment, but be firm in handling patient

3. Develop patient's tolerance for closeness slowly until adjustment is made

   (NOTE: Although insecure and lonely, the patient will not tolerate physical expressions of affection. Bathing, dressing, and feeding should be done firmly but without a great deal of touching.)

4. Protect patient from self-injury because the autistic child induces self-punishment by banging the head, tearing the flesh, biting fingers and hands, and pulling out hair

5. Promote trust by moving very slowly to bring patient back to reality

B. Adolescent schizophrenia

(NOTE: The adolescent schizophrenic usually has shown a preschizophrenic personality in childhood and may be from a seriously disturbed family unit.)

1. Assure patient that acceptance, understanding, and positive support are available

2. Help patient become more independent and self-reliant

3. Assist patient in learning to control behavior and in becoming involved with peer group

4. Promote family counseling and therapy

ASSESSMENT AND MANAGEMENT OF MENTAL ILLNESS
UNIT II

ASSIGNMENT SHEET #1 — RELATE TO PATIENTS WITH EMOTIONAL AND MENTAL DISORDERS

NAME ____ SCORE ________________

Mental health nursing is an area that requires the nurse to have special skills and a stable personality. Recovery, in most patients, is very slow, and the process requires the nurse to have a great deal of patience and to be a caring person. One day the patient's condition may appear to have improved and the very next day the patient may have a relapse and regress to the former state.

The environment of a mental health unit is very different than that of a medical-surgical unit because the nurse has more time to relate to patients in a one-to-one relationship. The nurse must be aware of the patient's behavior at all times, be able to identify symptoms and intervene appropriately, and be able to document data clearly. Because everyone acts and reacts differently, there are no set standards as in other specialty areas, only suggested guidelines. The nurse must act and react according to his or her own judgment and personality.

In this assignment sheet you are given two simulated case studies of patients with emotional or mental disorders. After reading each case study, you should be able to react to the patient's behavior and write or verbally express how you would relate to the patient. After completing this assignment sheet, hand it in to the instructor for evaluation, or discuss in class.

Patient #1

C.J., a pretty young nineteen-year-old girl, was brought to the mental health unit two nights ago by her parents. The girl's mother told the admitting nurse that there had been a drastic change in the girl's behavior over the last three months. C.J. had enrolled in the state university 60 miles from her home town and had eagerly been looking forward to leaving home and being "on her own." C.J.'s father told the physician in the emergency room that he had been so proud of his daughter and they had never had any trouble with her because she was a "good" girl. When they brought C.J. to the hospital, she was so hyperactive that she was restrained and given parenteral medication for sedation. The girl's mother said that they had received a phone call from C.J.'s roommate in the dormitory, telling them that she had found the room totally torn up and C.J. hiding in the closet muttering, "Let them suffer. I did it and I'm glad!" The roommate tried to calm C.J., but in the process C.J. had become combative and had scratched her roommate. The dorm mother and the campus police were called. The parents came immediately after the roommate called them and picked C.J. up from the campus police station. The admitting nurse attempted to question C.J. after she was calmed down with sedation. It was difficult for the nurse to obtain information from C.J. because she lay curled in a fetal position and vacillated from giggling to sobbing into her pillow. The only information the nurse could obtain was that C.J. had been dating one of the football players on campus and that his name was Ted. C.J. repeatedly said, "I am so happy, Ted." But her expressions did not convey happiness.

ASSIGNMENT SHEET #1

C.J.'s parents met with the psychiatrist the next day to discuss treatment for their daughter. It seems that C.J. was a very serious young woman and a talented pianist. Her major goal was to be a concert pianist, and she wanted to study for a degree in music at the university. She did not date in high school except for the senior prom and did not seem to miss the social activities that her other classmates enjoyed. She was involved in church activities and played the organ and piano for many services. C.J.'s father told the psychiatrist that his daughter had come home the last two weekends and had seemed very withdrawn and would not attend church, stating that she felt too tired. One morning he awoke to find C.J. pounding on the keys of her piano furiously. When questioned, C.J. flew into a rage and remained in her room the rest of the day.

C.J.'s mother seemed surprised when told of the football player named Ted. She said C.J. had never mentioned his name to them.

You have chosen to work with C.J. and will begin the third day after her admission. She has been placed in the mental health unit in a private room. Upon reading her chart, you find that the night shift has noted that C.J. has not been out of her room since her admission and has remained in a fetal position in her bed since that time. She has allowed the nurse to help her bathe and dress but has not spoken to anyone since her interview with the admitting nurse. She has taken some of each meal served but has refused snacks or juice offered. As you enter C.J.'s room, it is very dark and you can barely see her lying on the bed. Now is the time for the orientation or initial stage of your relationship to begin.

A. How would you approach C.J.?

ASSIGNMENT SHEET #1

B. After reading the information obtained concerning C.J., her family, and the present problem, what would you suspect might be the conflict?

C. C.J.'s assumption of the fetal position might indicate a coping mechanism. Which one might she be using?

D. C.J.'s parents are concerned because she appears to be so depressed. What type of behavior is characteristic of a depressed person? What are some of the guidelines used to relate to a depressed patient?

ASSIGNMENT SHEET #1

E. When checking C.J. into the hospital, her parents were dismayed to find a package of oral contraceptives and a few yellow tablets in the bottom of her purse. The tablets were Valium 5 mg. When confronted with the drugs, C.J. denied knowledge of the medications being there. Later, when the medication nurse brought C.J. her medication, C.J. became hostile, and for the first time moved from her bed and knocked the nurse aside, also knocking the medication cart over. She was found pacing up and down the hallway screaming, "They can't stop me. I know what I am doing. Ted, please help me find a way!" When you approach her in the hallway, she crouches in the corner and pleads with you not to touch her. How would you approach her now?

F. As C.J. becomes calmer and relates better to the staff, her psychiatrist asks you to help develop a more indepth care plan with nursing interventions. Outline some of the problem areas you see with C.J. and some of the nursing interventions to use in solving the problems.

Problems	**Nursing Interventions**

ASSIGNMENT SHEET #1

G. What types of therapy do you see as being part of a treatment plan for C.J.?

____

____

____

Patient #2

As you enter the unit, you see two orderlies struggling with a male patient in the doorway. The man is clinging to the door as the two orderlies try to move him. He is screaming obscenities at the top of his voice and kicking at the orderlies. The man appears to be in his forties and is dressed in baggy pants, an undershirt, and ragged tennis shoes without socks. He has a heavy beard and his long hair is tied into a ponytail with an old dirty shoe lace. When you receive morning report, you find that the man has just been brought in by the police. The police had received a phone call from the local bank complaining that the man had come to the door before opening time and was beating with his fists and yelling that he was the director of Ft. Knox and had come for his gold. When no one would let him in, he went to a back window and threw a large rock through the glass. The alarm sounded, and the bank president called the police.

When the man was brought to the hospital, he was crying, wringing his hands, and repeating, "But I am the director of Ft. Knox and I have to have my gold. The CIA is coming and I must leave!" He was sedated in the E.R. and brought to the mental health unit. He appeared to be settling down until an alarm bell rang, signifying that someone had opened a back door in the next unit. He began to be anxious again and to pace up and down the hallway. Eventually he went to the unit's locked door and began beating on it with his fists. The two orderlies then attempted to subdue him.

When checking the man into the unit, the nurse found a tattered billfold with the man's name and address on a business card. The card read "SECURITY, Inc.," printed in the middle of a picture of what appeared to be an official policeman's badge. When the admitting nurse called the phone number, a recording advised that the number had been disconnected. A directory was used to find the man's home phone number, which was used to call his wife. Mrs. D. broke down as she was told that her husband had been brought to the unit. It seemed that Mr. D. had been missing for approximately three months and she and her three children had not heard from him since he took the family car and drove away one morning. Mrs. D. told the nurse that she would find a sitter for the children and be right down to get Mr. D.

The orderlies are able to take Mr. D. back to a room and sit him on the side of the bed. Parenteral sedative is given (surprisingly without much difficulty), but only because Mr. D. is looking so intently at his new roommate that he does not even notice the nurse with the medication. As the nurse and orderly prepare to leave the room, Mr. D. gets up from his bed, which he had been lying on quietly, and crosses the room to his roommate's bed. He reaches down and lays his hand heavily on the other man and says, "You ----, I know why you are here. The CIA doesn't have anything on me and I won't tell you anything about the gold." The roommate begins to yell for help. Mr. D. is quickly taken to a seclusion room, undressed, placed in hospital pajamas, and the door is locked.

92-B

ASSIGNMENT SHEET #1

A. Mrs. D. appears at the unit's door asking why her husband is here in the mental health unit and wanting to take him home now. What would you tell Mrs. D.?

B. What type of an admission would you expect Mr. D. to have? Why?

C. Mrs. D. tells you that about a month before Mr. D. left home he had lost his job with SECURITY Inc. as a security policeman. The bills kept piling up, and she had just come home with a new baby. Mr. D. kept saying he would look for a new job but instead would sit in front of the television all day watching "cops and robbers" movies. His behavior made Mrs. D. very anxious because he would wear his revolver, occasionally taking it out to look at it. Mrs. D. did say that Mr. D. seemed to be better the day before he left. He got up early, showered, shaved, dressed neatly, played with the children, and seemed more like his old self. He left the next morning in the family car, saying he was going to find a job. Mrs. D. had not heard anything from him for three months.

What type of behavior is Mr. D. is displaying?

ASSIGNMENT SHEET #1

D. What incidences could have caused Mr. D. to be stressed enough to exhibit this type of behavior?

E. What types of medications would you expect to see ordered for Mr. D.?

F. Mr. D. has remained calm with sedation and is moved into a private room. He has demanded that the door to the room be shut at all times. When you enter the room, he is sitting on a straight-backed chair and is slumped over looking at the floor. When you tell him your name and who you are, he responds saying, "I know you're here to interrogate me and I won't tell you a ---- thing!"

How would you begin to relate to Mr. D.? What guidelines would you use for a patient exhibiting this type of behavior?

G. Mrs. D. comes to the hospital every day to see her husband, but he refuses to see her. She doesn't understand why and cries each time. When asked why he will not see his wife, Mr. D. states that "She is an undercover agent and I won't give her any information." How can you help Mrs. D.? What could you tell her?

ASSIGNMENT SHEET #1

H. Would you consider Mr. D. a good patient to recommend for group therapy at this time? Why or why not?

I. Would you consider Mr. D. to be dangerous to himself or to others?

J. Mr. D. finally begins to relate to you and looks for you on the unit each day. He tells you that he feels he can trust you and that you are the only one that understands what he is feeling. He follows your every step and waits outside the nurses' station until you leave. He will have nothing to do with the other staff members or patients. As you are leaving one evening, he begins to cry and plead with you to take him with you. How do you handle this situation? What do you tell him?

K. Mr. D. is to be transferred to the state mental health institution for further treatment. Before he leaves, he comes to you and tells you that he will always love you and he will write to you as soon as possible. What do you say?

ASSESSMENT AND MANAGEMENT OF MENTAL ILLNESS
UNIT II

ANSWERS TO ASSIGNMENT SHEET

Assignment Sheet #1 (Suggested answers)

(NOTE: These are only suggested answers. In a real environment, many approaches may be therapeutic and more appropriate for the nurse intervening.)

Patient #1

A. Introduce yourself to C.J. and explain who you are and what your role is on the unit. Tell C.J. that you would like to spend some time with her and tell her what time and how long you will spend with her. Even though C.J. might not verbalize her feelings or thoughts to you right away, tell her that you will be there each day and will sit quietly by and share the time with her. Turn on a very low light unless she protests, and sit down beside her bed in a chair as close as she will allow.

B. C.J. has led a rather sheltered life and has been very close to her family. When she moved to the city 60 miles from home and began classes in the state university, she was exposed to a number of pressures and a totally different environment. Apparently she has become involved with a young man on campus. This experience is totally new to C.J. as she had not been socially active with young men in her hometown. Her behavior is very uncharacteristic for her, and she has begun to feel a great deal of guilt over her behavior, especially because her parents are so sure that she is a "good" girl and are very hesitant to allow her the independence to make her own choices and to be in charge of her own life.

C. C.J. is displaying regression by assuming a fetal position. It is a position she feels most comfortable with because it brings back her feelings of childhood and dependency.

D. Depressed patients often withdraw totally from society. They display characteristics of sadness conveyed by sad expressions or tears. They may not communicate with others, may sit or lie quietly with their eyes closed, or may stare off into space. They display a decrease in appetite and may no longer care about personal hygiene. The depressed patient needs to be active and stimulated. Activity should begin slowly and increase as the patient begins to feel better. The patient's diet, elimination, and hygiene should be carefully supervised until the patient can provide his or her own care. The depressed patient should be carefully observed for any signs of self-destructive behavior.

E. Approach C.J. alone, quietly and slowly. Move toward her and sit down as close beside her as possible, speaking in a quiet tone. Reassure her that no one will hurt her and that she is safe. As soon as possible take her back to her room and sit by her bedside quietly and wait to see if she verbalizes her feelings.

F. (NOTE: The following are the main problems seen for C.J. Other nursing interventions could be listed, depending on the student's approach for providing care.)

ANSWERS TO ASSIGNMENT SHEET

Problems	Nursing Interventions
Struggle for independence	Provide C.J. the opportunity to make decisions concerning her care Give C.J. more privileges as she earns them through responsible behavior Plan with psychiatrist counseling sessions with C.J. and her parents to resolve the dependence/independence struggle
Peer pressure and responsibility for lifestyle	Encourage participation in group therapy, if prescribed, to allow C.J. to share ideas and philosophies with others her age
Drug use	Obtain more information concerning C.J.'s use of drugs Provide information concerning abuse of drugs, and give supportive counseling as C.J. decreases need for drug

G. Group therapy and psychotherapy

Patient #2

A. Mrs. D. should be told that at this time her husband's mental state is unstable and that it would not be wise to remove him from the secure environment of the unit. Reassure Mrs. D. that Mr. D. will be well taken care of and that she will be included when Mr. D.'s care plan is developed. Tell her that the physician will probably be discussing Mr. D.'s condition with her at a later time.

B. Mr. D. would probably be admitted under an emergency detention to determine the severity of his condition.

C. Mr. D. is displaying aggressive and hostile behavior and is suffering from delusions.

D. Mr. D. has just lost his job, has a new baby at home to adjust to, and the bills are accumulating.

E. Mr. D. will probably be given an antianxiety drug, plus an antipsychotic drug. A sedative may be ordered to help Mr. D. rest at night.

F. Mr. D. needs a quiet environment free from outside stimuli until his antianxiety drug takes effect. Mr. D.'s outward hostile behavior will need intervention to protect others from any attacks. The antipsychotic drug will hopefully decrease some of the delusional thoughts Mr. D. has concerning the CIA and his preoccupation with Ft. Knox and the gold. Mr. D. should feel that he is accepted, but his outward behavior must be expressed in a less aggressive manner. After Mr. D. is able to communicate coherently, a one-on-one relationship and rapport can be established. Mr. D. will need help in coping with the real stresses in his life. Methods to handle the problems should be discussed.

ANSWERS TO ASSIGNMENT SHEET

G. Mrs. D. needs to be helped to understand that her husband has been unable to cope with reality and at this time is stressed to the point of confusion and delusion. Every effort should be made to assist Mrs. D. in being a part of the counseling effort with the mental health team. Mrs. D. may also need some realistic help in coping with the home situation and may need a social worker or counselor to help her in meeting her needs and the needs of the new baby.

H. Mr. D. would not be a good candidate for group therapy at this time. Because of his delusions and hostile behavior, he would not be able to respond appropriately.

I. At this time, Mr. D. would not be considered physically dangerous to himself, but he may strike out at others as he sees himself under attack.

J. Take Mr. D. aside and tell him that he must stay on the unit, and that the person he will relate to on the next shift is there and will be willing to spend some time with him. Ask him to write down his feelings. Tell him that you will be there the next day to spend some time with him and to discuss the feelings he has written down.

K. Tell Mr. D. that you are concerned for his well-being and that the mental health team will be anxious to hear from him in his new environment.

ASSESSMENT AND MANAGEMENT OF MENTAL ILLNESS
UNIT II

TEST

NAME ______________________ SCORE __________

1. Define the following terms associated with assessment and management of mental illness.

   a. Somatic — ______________________

   b. Acathisia — ______________________

   c. Operant conditioning — ______________________

   d. Milieu therapy — ______________________

   e. Mental incompetence — ______________________

2. List members of the mental health team.

   a. ______________________

   b. ______________________

   c. ______________________

   d. ______________________

TEST

e. ______________________________

f. ______________________________

g. ______________________________

h. ______________________________

3. List services available to treat mental illness.

a. ______________________________

b. ______________________________

c. ______________________________

d. ______________________________

e. ______________________________

4. Match to their correct descriptions common types of admissions and discharges in psychiatric hospitals. Write the correct numbers in the blanks.

Admissions

______a. Any citizen of lawful age may apply in writing for admission to a public or private hospital

______b. Request for hospitalization does not originate with the person, but criteria for admission and legal steps are recognized and carried out

______c. As a means of controlling an immediate threat to self or others, person who is acutely ill can be committed for treatment by the family, a physician, or someone designated by the state

______d. Person is committed for a specified time period for the purpose of diagnosis

1. Emergency detention
2. Voluntary admission
3. Temporary or observational admission
4. Involuntary admission (commitment)

TEST

Discharges

______a. Patient can be discharged from hospital when the staff thinks that patient has received maximum benefit from treatment, or when patient wants to leave

______b. Patient leaves hospital without any type of discharge release

______c. Before discharge, patient is allowed transitional leave of absence into the community, but must follow certain hospital requirements

______d. Patient terminates relationship with hospital totally

______e. Patient or family appeals to court for dismissal and discharge, even though hospital disagrees with such action

1. Judicial discharge
2. Voluntary discharge
3. Involuntary elopement
4. Conditional discharge
5. Absolute discharge

5. State patient's rights in mental health facilities.

a. ____

b. ____

c. ____

d. ____

e. ____

f. ____

g. ____

h. ____

i. ____

6. List current types of therapy used to treat mental illness.

a. ____

b. ____

c. ____

TEST

d. ______________________________

e. ______________________________

7. Select from the following list the main goals of the nursing staff on a mental health unit. Write an "X" in the blank before each correct answer.

______a. Recognize and accept patient as an individual

______b. Assess patient and work with team to plan nursing care

______c. Determine patient's prognosis

______d. Involve patient and patient's significant others in planning of care

______e. Identify patient's optimum level of health and functioning; make that level the goal of nursing care plan

______f. Maintain a safe environment, including protecting patient and others from injury

______g. Provide external controls for patient until patient can maintain self-control

______h. Make all decisions for patient

______i. Provide a therapeutic environment

______j. Examine and recognize own feelings and be willing to work through those feelings

______k. Maintain honesty and nonjudgmental attitude at all times

______l. Isolate patient until diagnosis is confirmed

______m. Accurately observe and document patient's behavior

______n. Provide safe nursing care, especially when giving medications and when patient participates in one-on-one interactions or formal and informal group situations, activities, and role-playing

______o. Promote personal relationship with patient

______p. Provide feedback to patient based on patient's behavior

______q. Provide opportunities for patient to make own decisions and to accept responsibility for self, actions, feelings, and life

______r. Work toward a realistic discharge plan

TEST

8. State general principles of therapeutic intervention.

a. ______________________________

____

b. ______________________________

____

c. ______________________________

____

d. ______________________________

____

e. ______________________________

____

f. ______________________________

____

g. ______________________________

____

9. State the purposes of a psychiatric interview.

a. ______________________________

____

b. ______________________________

____

c. ______________________________

____

d. ______________________________

____

TEST

10. List components of the psychiatric evaluation.

a. ____________________

b. ____________________

c. ____________________

d. ____________________

e. ____________________

11. Select from the following list nursing actions for each stage of building a professional therapeutic relationship with a patient. Write an "X" in the blank before each correct answer.

Introductory or orientation stage

_____a. Introduce yourself to patient

_____b. Explain your role on unit and within milieu or treatment team

_____c. Set strict initial rules

_____d. Obtain patient's perception of the problem and what patient expects to gain from the treatment unit

_____e. Assess patient's behavior, attitudes, problems, and needs

_____f. Make your expectations for the relationship clear to patient

_____g. Discuss prognosis with patient

_____h. Be honest in all interactions with patient

_____i. Let patient know that you will be involved in the therapeutic relationship for a specified period of time and that when the treatment has ended the relationship will end

Testing stage

_____a. Let patient know how you feel about his or her condition

_____b. Show patient that you accept him or her at all times, but that you do not accept undesirable behavior

_____c. Set and maintain limits on patient's unacceptable behavior

_____d. Offer alternatives for patient's unacceptable behavior

_____e. Restrain patient immediately if loss of control occurs

_____f. Let patient know that pertinent information will be shared with other staff members

TEST

Working stage

_____a. Identify the problems and behavior(s) that led to patient's hospitalization

_____b. Maintain patient's dependency on you

_____c. Establish a regular schedule for meeting with patient, and do not make promises that you cannot keep

_____d. Encourage patient to ventilate feelings and to find new methods of dealing with stress

_____e. Assist patient in dealing appropriately with interpersonal problems if they arise

_____f. Compare patient's problems and concerns with those of other patients on the unit

Termination stage

_____a. Assist patient in making discharge plans

_____b. Encourage personal contact with patient following discharge

_____c. Anticipate patient's anxiety or insecurity when release is imminent

12. List components of a therapeutic relationship.

a. ______________________________

b. ______________________________

c. ______________________________

d. ______________________________

13. List strategies for helping patients explore their feelings.

a. ______________________________

b. ______________________________

c. ______________________________

d. ______________________________

14. Select from the following list guidelines for documenting patient data. Write an "X" in the blank before each correct answer.

_____a. Descriptively interpret patient's behavior

_____b. Use charting style dictated by hospital policy

_____c. Use only narrative charting

TEST

______d. State subjective data verbatim

______e. State objective data as you see it, *not* as you interpret it

______f. Describe subjective data using your own judgment

15. List components of a psychiatric nursing care plan.

a. ____________________

b. ____________________

c. ____________________

d. ____________________

e. ____________________

f. ____________________

g. ____________________

h. ____________________

i. ____________________

j. ____________________

k. ____________________

16. Match to their correct descriptions common somatic therapies used in treating mental illness. Write the correct numbers in the blanks.

______a. Use of devices to control or limit patient's mobility

______b. Use of confinement to isolate patient in a single room

______c. Use of surgical intervention to interrupt selected neural pathways that involve the transmission of emotional impulses in the brain

______d. Use of an electrical current sent through electrodes applied to the temples to artificially induce a grand mal seizure

______e. Use of psychotropic drugs and other substances to treat or control mental illness

1. Electroconvulsive therapy (ECT, EST)
2. Psychosurgery
3. Seclusion or isolation
4. Psychopharmacology
5. Mechanical restraints

TEST

17. Identify drugs used in psychopharmacology according to their uses, side effects, and nursing interventions. Write the correct names in the blank.

Antianxiety
Antidepressant
Antipsychotic
Lithium carbonate
Sedatives and hypnotics

Drug	Use(s)	Side Effects	Nursing Interventions
a. ____________ ____________	Tranquilizing Sedating	Dystonia Impotence Weight gain Lactation Menstrual irregularities Oversedation Acathisia Orthostatic hypotension Anticholinergic effects Parkinson's syndrome Impaired psychomotor function Photosensitivity Potentiation of other drugs and alcohol	Advise patient to take medication at night if he or she experiences groggy effects when beginning dosage Observe for reactions of dystonia and treat as ordered Give supportive care to patient exhibiting bizarre, uncontrolled movements as a result of medication Provide for adequate rest Assess blood pressure often, and warn patient that sudden changes in position may cause hypotension Assess for bowel habit changes, and prevent constipation Assess for possible blood dyscrasias Caution patient taking chlorpromazine to avoid exposure to direct sunlight as serious sunburn can occur Observe for skin rashes as an allergic reaction, and treat as ordered
b. ____________ ____________	Reducing anxiety Sedating	Drowsiness Ataxia Confusion Slurred speech Lethargy Vertigo Impaired vision Dry mouth Weight gain	Caution patient in the use of these drugs and alcohol Give only in small amounts If addiction is suspected, watch for serious symptoms such as grand mal seizures

TEST

Drug	Use(s)	Side Effects	Nursing Interventions
c. ______________ ______________	Controlling behavior seen in manic-depressive disease in manic phase to prevent mood swings	Sluggishness Ataxia Lethargy Fine tremors Anorexia Slurred speech Nausea and vomiting	Advise patient that affects of drug will not occur until a systemic level of drug is reached Assess levels of drug through periodic blood samples Caution patient to notify nurse or physician if any toxic side effects occur Advise patient to contact physician if other conditions occur that will affect electrolyte balance
d. ______________ ______________	Treating insomnia	*Barbiturates—* Respiratory depression Rash Confusion Depression Dizziness Headaches Residual sedation Nausea and vomiting Anemias Circulatory depression *Nonbarbiturates—* Rash Hangover Diarrhea Blood dyscrasias Nausea and vomiting Headache Ataxia Facial numbness Blurred vision Gastric irritation Lethargy Irritability	Use with caution in suicidal patient Use other methods to promote sleep before giving drug Assess effects of drugs in patient suspected of abuse Caution patient against combining drug with alcohol

TEST

Drug	Use(s)	Side Effects	Nursing Interventions
e. ____________ ____________	Alleviating depression	*Tricyclics—* Dry mouth Blurred vision Nausea Heartburn Drowsiness Constipation Jitteriness	Advise patient that effects of drug will not occur fully until up to three weeks after first dose If overdose occurs, observe for cardiovascular and renal side effects
		MAO Inhibitors— Hypertensive crisis if combined with foods that contain tyramine Severe headaches Hyperactivity Dizziness Dry mouth Constipation	Advise patient to see physician immediately if he or she experiences a headache Caution patient not to eat aged cheeses, red wines, beer, chicken livers, pickled herring, cream, chocolate, yeast, or fava beans if taking an MAO inhibitor

18. Select from the following list guidelines for administering medications to patients with behavior problems. Write an "X" in the blank before each correct answer.

______a. Check mouth carefully after administration of oral tablets or capsules; make sure that patient swallows drug

______b. Disguise medications in food or drink for administration to suspicious patients

______c. Observe patient's behavior after medication is given

______d. Confront patient if actions indicate that hoarding of drugs is occurring

______e. Give drug parenterally if patient refuses oral medication

______f. Administer placebos if you think that patient does not need prescribed drug

______g. At appropriate time, discuss patient's feelings concerning medication

______h. Use placebos only with physician's order and only after discussing their use with other mental health team staff

TEST

_____i. Discuss seriousness of drug abuse with patients you suspect are becoming dependent

_____j. Approach the noncompliant and suspicious patient confidently, and convey a positive expectation that the medication will be taken

_____k. Never reveal to patient or family the type of drug given

_____l. Use the same form of medication each time it is given to the suspicious patient

_____m. Never try to trick a patient into taking medication by disguising it in food or drink

_____n. Place medications in patient's diet tray and encourage patient to take medication with food

_____o. When patient is ready to be discharged, instruct patient and family in the use and side effects of prescribed drugs

19. Select from the following list techniques used in behavior-modification therapy. Write an "X" in the blank before each correct answer.

_____a. Teach methods of relaxation to patient

_____b. Use negative reinforcement to discourage undesirable behavior

_____c. Desensitize patient in whatever area conflict is being experienced

_____d. Use conditioned avoidance methods that pair an unpleasant stimulus to the patient's habit pattern so that patient learns to avoid both the stimulus and the habit

_____e. Use tokens to bribe patients to perform positively

_____f. Use operant conditioning to reward patient for positive or desirable behavior

20. List characteristics of therapeutic group therapy.

a. ______________________________

b. ______________________________

c. ______________________________

d. ______________________________

e. ______________________________

f. ______________________________

g. ______________________________

TEST

21. Select from the following list nursing interventions for relating to patients with special behavior patterns. Write an "X" in the blank before each correct answer.

Aggressive behavior patterns

Explosive excitement

______a. Provide a calm, accepting, nonchallenging atmosphere

______b. Provide a quiet room when explosive episodes occur

______c. Restrain patient immediately when explosive episodes occur

______d. Prepare to redirect patient's crudity of manners, offensive behavior, vulgar speech, or other mechanisms for discharging hostility

______e. Increase dosage of tranquilizing drug when patient becomes hostile

______f. Reassure patient of personal worth

______g. Provide work and play outlets for aggressive energy

______h. Confront patient immediately when aggressive behavior begins

______i. Provide acceptable outlets for destructive behavior

Agitated depression

______a. Isolate patient to protect other patients

______b. Provide constant support, acceptance, understanding, and warmth

______c. Encourage patient to ventilate hostility in an appropriate and acceptable manner; reassure patient when positive changes are made

______d. Make sure that intake of food and medication is accomplished

______e. Immediately remove any articles that patient might use to harm others

______f. Encourage activity and routine exercise

______g. Restrict amount of time patient has in recreational therapy

______h. Be alert constantly for any signs of self-destructive behavior, and take all precautions to prevent suicide

Retarded depression

______a. Place patient on an active, stimulating unit that is challenging and that provides opportunities for positive experience

TEST

______b. Supervise patient's diet, elimination, and hygiene, and keep patient active with exercise

______c. Be alert constantly for any signs of self-destructive behavior because this patient is a high risk for suicide

______d. Provide a seclusion room so that patient may think things over

______e. Give patient menial tasks to do if patient asks for such tasks

______f. Discuss personal problems with patient to take patient's mind off own problems

Ritualistic behavior patterns

______a. Make patient feel accepted, even though the compulsive ritualistic behavior presents difficulty on unit

______b. Reduce patient's anxiety on unit by building confidence that patient's ritualistic behavior will not interfere with personal relations with others

______c. Prevent patient from performing any ritualistic behavior

______d. Make sure that patient understands that no one is criticizing the compulsive behavior and that eventually with therapy the behavior will no longer be needed

______e. Use parenteral medication to tranquilize patient if behavior persists

______f. Use behavior modification, if prescribed, to attempt to limit or decrease compulsive activity

Withdrawal behavior patterns

______a. Provide social contacts by admitting patient to large ward room

______b. Offer acceptance without criticism or judgment

______c. Build a one-to-one relationship with patient in varying stages

______d. Make sure that patient joins group in all activities

______e. When patient can accept others, extend the one-on-one relationship by inviting other patients to join the activities

______f. Encourage patient to let you make all major decisions

______g. Reassure patient that he or she is a person of real worth

TEST

Projective behavior patterns

______a. Listen carefully to patient's story, no matter how unreal it may be; accept person if not the story

______b. Confront patient when stories are unbelievable

______c. Use tact and courtesy when dealing with patient's negative emotions and behavior

______d. Document patient's story carefully, without agreeing or disagreeing with the content

______e. Praise patient in a genuine manner for any accomplishment

______f. Remove from patient all articles that may be used to harm others or self

______g. As delusions subside and self-confidence builds in social skills, slowly begin to include the patient in group activity

______h. Chart your interpretation of patient's behavior

______i. Observe patient carefully for any signs of attack on others in unit

Physical disabilities behavior patterns

______a. Listen carefully to all descriptions of the physical problem, and document data carefully

______b. Try to convey to patient that he or she has real worth

______c. Confront patient with negative or normal results from diagnostic tests to prove there is no physical disability

______d. Provide literature related to conditions patient complains of

______e. Try not to make too many comments concerning patient's complaints because the comments will probably be added to patient's conversation the next time complaints are repeated, reinforcing the problem

______f. Administer placebos for drug that patient insists is needed for his or her condition

______g. Try to involve the patient in activities that will keep him or her from dwelling on problems or complaints

22. Select from the following list nursing interventions for relating to substance-dependent patients. Write an "X" in the blank before each correct answer.

Alcohol dependent

______a. Accept patient and provide needed support, even though patient may repeatedly go back to drinking

TEST

______b. Encourage patient to relate the problems or conflicts that cause drinking

______c. To frighten the patient not to drink, stress the harm to the body that alcohol consumption causes

______d. Encourage patient to become involved in recommended treatment therapy

______e. Educate patient in the use of medications in aversion therapy

______f. Isolate patient during the entire "drying out" stage

Drug dependent

______a. Confront patient with knowledge of his or her drug dependence and discuss the legal implications

______b. Assist in detoxifying process

______c. Administer placebos to replace drug being used

______d. Keep patient from harm, and provide safe environment as patient proceeds through withdrawal stage

______e. Encourage patient to verbalize feelings, and give support as treatment continues

______f. Educate family in available resources that can assist in the treatment process

______g. Restrain patient throughout withdrawal stage

23. State nursing interventions for caring for mentally retarded patients.

a. ______________________________

____

b. ______________________________

____

c. ______________________________

____

d. ______________________________

____

e. ______________________________

____

TEST

f. ______________________________

____

24. Select from the following list interventions for caring for young patients with specific mental illnesses. Write an "X" in the blank before each correct answer.

Autism

_____a. Maintain sameness and a consistent atmosphere of acceptance and firmness

_____b. Accept tantrums without comment, but be firm in handling patient

_____c. Develop patient's tolerance for closeness slowly until adjustment is made

_____d. Restrain patient at all times to prevent self-harm

_____e. Seclude patient from all external stimuli

_____f. Protect patient from self-injury because the autistic child induces self-punishment by banging the head, tearing the flesh, biting fingers and hands, and pulling out hair

_____g. Promote trust by moving very slowly to bring patient back to reality

_____h. Use negative reinforcement for undesirable behavior

Adolescent schizophrenia

_____a. Maintain patient's dependence on you

_____b. Assure patient that acceptance, understanding, and positive support are available

_____c. Help patient become more independent and self-reliant

_____d. Increase dosage of mood elevators if patient becomes depressed

_____e. Assist patient in learning to control behavior and in becoming involved with peer group

_____f. Become personally involved with patient

_____g. Promote family counseling and therapy

(NOTE: Test question 25 lists the assignment sheet. It is an important part of this test. If it has not been completed, check with your instructor.)

25. Relate to patients with emotional and mental disorders.

ASSESSMENT AND MANAGEMENT OF MENTAL ILLNESS
UNIT II

ANSWERS TO TEST

1. a. Pertaining to the framework of the body as distinct from the psyche

   b. Condition in which one is compelled to change body positions frequently or to rise and pace the floor

   c. Method of influencing behavior by rewarding an individual for certain forms of behavior

   d. Method of psychotherapy that controls the environment of the patient to provide interpersonal contacts that will promote sense of trust, assurance, and personal autonomy

   e. Mental inability to retain charge of one's self or possessions; condition not due to insanity but due to old age, weakness of the mind, or other causes

2. a. Psychiatrist

   b. Clinical psychologist

   c. Psychiatric social worker

   d. Psychiatric nurse

   e. Psychiatric aide

   f. Occupational therapist

   g. Recreational therapist

   h. Public health nurse

3. a. Inpatient psychiatric hospitals

   b. Outpatient treatment centers

   c. Emergency and crisis care

   d. Consultation, diagnostic, and educational services for the general public

   e. Community half-way houses or rehabilitation services

4. **Admissions**

   a. 2 c. 1

   b. 4 d. 3

ANSWERS TO TEST

Discharges

a. 2

b. 3

c. 4

d. 5

e. 1

5. a. Right to individualized treatment

   b. Right to certain standards in the physical environment

   c. Right to personal activities

   d. Right not to undergo hazardous or frivolous therapy

   e. Right to give or refuse consent prior to any treatment or inclusion in any research project

   f. Right to communication and visitation

   g. Right to privacy and dignity

   h. Right to civil service status

   i. Right to periodic review of status

6. a. Milieu therapy

   b. Physical or somatic therapies

   c. Group therapy

   d. Occupational and recreational therapy

   e. Individual therapy

7. a, b, d, e, f, g, i, j, k, m, n, p, q, r

8. a. Accept patient even if you cannot accept patient's behavior

   b. Explain to patient what to expect in the type of therapy given

ANSWERS TO TEST

c. Allow patient to ventilate any feelings without fear of retaliation

d. Set limits on patient's behavior, and make limits clear to patient and to significant others

e. Analyze your own feelings, and work toward understanding yourself before entering into any relationship with patient

f. Contribute to patient's security by being consistent in interventions

g. To reassure patient that the staff is interested in his or her treatment, give attention to matters that are important without asking that the patient give anything in return

9. a. Establishing rapport with patient

   b. Assessing how patient's mind is working

   c. Gaining knowledge of the type of coping behaviors and patterns of living involved in current problem

   d. Identifying patient's perception of the problem or source of conflict

10. a. Current problem identification

    b. History taking

    c. Mental-status examination

    d. Organized interpretation of data by interviewer

    e. Treatment plan

11. **Introductory or orientation stage**

    a, b, d, e, f, h, i

    Testing stage

    b, c, d, f

    Working stage

    a, c, d, e

    Termination stage

    a, c

ANSWERS TO TEST

12. a. Respect
    b. Empathetic understanding
    c. Genuineness
    d. Concreteness

13. a. Clarifying patient's thinking
    b. Supporting patient when he or she attempts to solve problems
    c. Confronting and interpreting when patient is confused
    d. Focusing on patient

14. b, d, e

15. a. Patient information and date of admission
    b. Medical and nursing diagnoses
    c. Objective and subjective data
    d. Short-term and long-term goals
    e. Nursing actions
    f. Rationale
    g. Evaluation
    h. Treatment plan
    i. Medications
    j. Somatic treatments
    k. Diagnostic and psychiatric tests

16. a. 5
    b. 3
    c. 2
    d. 1
    e. 4

ANSWERS TO TEST

17. a. Antipsychotic
    b. Antianxiety
    c. Lithium carbonate
    d. Sedatives and hypnotics
    e. Antidepressant

18. a, c, d, e, g, h, j, l, m, o

19. a, c, d, f

20. a. Group should be composed of fairly stable or similar persons to promote a feeling of belonging
    b. Group meetings should last from one to one-and-one-half hours
    c. Group meetings should be held from once to as often as three times weekly
    d. Group leader should be nurse or therapist trained in leading group therapy
    e. Group meeting should be held in a room accessible to all members, with enough room for comfortable chairs but small enough to provide for a feeling of togetherness
    f. Topics for discussion may be provided by patients or the leader
    g. Problems with group members should be handled by peers and leader

21. **Aggressive behavior patterns**

Explosive excitement — a, b, d, f, g, i

Agitated depression — b, c, d, f, h

Retarded depression — a, b, c, e

Ritualistic behavior patterns

a, b, d, f

Withdrawal behavior patterns

b, c, e, g

ANSWERS TO TEST

Projective behavior patterns

a, c, d, e, g, i

Physical disabilities behavior patterns

a, b, e, g

22. **Alcohol dependent**

a, b, d, e

Drug dependent

b, d, e, f

23. a. Assist in diagnostic testing to evaluate level of retardation

b. Refer families to resource groups that can assist them in coping with the problems encountered in caring for a mentally retarded person

c. Accept patient as an individual, and provide opportunities for him or her to grow and learn to the highest level possible

d. Provide loving and caring atmosphere for the institutionalized patient

e. Give patient freedom to experience growth in an open atmosphere, but provide consistent discipline and set limitations

f. Be patient in dealing with mentally retarded child and his or her family

24. **Autism**

a, b, c, f, g

Adolescent schizophrenia

b, c, e, g

25. Evaluated to the satisfaction of the instructor

CAREER SUCCESS
UNIT I

UNIT OBJECTIVE

After completing this unit, the student should be able to explore opportunities for employment as a licensed practical nurse, find and keep a job, and increase self-satisfaction in a nursing career. The student will show this knowledge by completing assignment sheets and unit test with a minimum score of 85 percent.

SPECIFIC OBJECTIVES

After completing this unit, the student should be able to

1. Match to their correct definitions terms associated with career success.
2. List areas of employment available for licensed practical nurses.
3. State responsibilities of practical nurses related to career success.
4. Select from a list general guidelines to follow for state board examination.
5. State criteria for licensure.
6. List characteristics that employers look for in an employee.
7. Arrange in order steps to take in finding and securing a job.
8. Name sources for locating employment opportunities.
9. Distinguish between private and public employment agencies specializing in health care positions.
10. List guidelines for telephoning for an interview appointment.
11. Select from a list guidelines for dressing for an interview.
12. List documentation needed when applying for a job.
13. List steps in preparing for a job interview.
14. List common observations made by the employer during an interview.
15. Select from a list guidelines for a successful interview.
16. List common employee benefits.
17. State ways to increase self-satisfaction in a career.

OBJECTIVE SHEET

18. List ways to continue education in the nursing profession.
19. Select from a list reasons why people lose jobs.
20. Prepare a résumé.
21. Use a telephone to arrange a job interview.
22. Write a cover/application letter.
23. Complete an employment application form.
24. Participate in a job interview.
25. Write a follow-up letter.
26. Evaluate a job offer.
27. Compare job opportunities.
28. Ask for a raise.
29. Write a letter of resignation.
30. Evaluate personal habits associated with career success.

CAREER SUCCESS
UNIT I

SUGGESTED ACTIVITIES

I. Unit contents

   A. Objective sheet

   B. Suggested activities

   C. Information sheet

   D. Assignment sheets

      1. Assignment Sheet #1 — Prepare a Résumé

      2. Assignment Sheet #2 — Use a Telephone to Arrange a Job Interview

      3. Assignment Sheet #3 — Write a Cover/Application Letter

      4. Assignment Sheet #4 — Complete an Employment Application Form

      5. Assignment Sheet #5 — Participate in a Job Interview

      6. Assignment Sheet #6 — Write a Follow-Up Letter

      7. Assignment Sheet #7 — Evaluate a Job Offer

      8. Assignment Sheet #8 — Compare Job Opportunities

      9. Assignment Sheet #9 — Ask for a Raise

      10. Assignment Sheet #10 — Write a Letter of Resignation

      11. Assignment Sheet #11 — Evaluate Personal Habits Associated with Career Success

   E. Answers to assignment sheets

   F. Test

   G. Answers to test

II. Instructor's guide

   A. Order materials to supplement unit.

      1. Films

         a. *Making the Most of Your Job Interview.* Available from New York Life Insurance Company, 51 Madison Avenue, New York, New York 10010.

SUGGESTED ACTIVITIES

b. *Appointment with Tomorrow*. Available from Vaseco, Inc., 2301 Classen Boulevard, Oklahoma City, Oklahoma 73106.

(NOTE: The following films are available on a free-loan basis to Oklahoma teachers. Oklahoma teachers may order from the State Department of Vocational and Technical Education, Curriculum and Instructional Materials Center, 1500 West Seventh Avenue, Stillwater, Oklahoma 74074. Out-of-state teachers must order from the addresses listed.)

c. *Your Job: Fitting In*. Color, 15 minutes, Coronet Films, 1976. Available from Coronet Films, Coronet Building, 63 East South Water Street, Chicago, Illinois 60601.

d. *Get That Job: Line Up Your Interview*. Color, 11 minutes, Coronet Films, 1976. Available from Coronet Films, Coronet Building, 63 East South Water Street, Chicago, Illinois 60601.

e. *Applying for a Job*. Color, 13 1/2 minutes, Encyclopedia Britannica, 1971. Available from Encyclopedia Britannica Educational Corporation, 425 North Michigan Avenue, Chicago, Illinois 60611.

f. *Getting a Job Is a Job*. Color, 20 minutes, Dibie-Dash, 1968. Available from Dibie-Dash Productions, 494 Hollywood Boulevard, Suite 217, Hollywood, California 90028.

g. *Your Job: Finding the Right One*. Color, 13 1/2 minutes, Coronet Films, 1970. Available from Coronet Films, Coronet Building, 63 East South Water Street, Chicago, Illinois 60601.

h. *Your Job: Applying for It*. Color, 13 1/2 minutes, Coronet Films, 1970. Available from Coronet Films, Coronet Building, 63 East South Water Street, Chicago, Illinois 60601.

i. *Job Interview: I Guess I Got the Job*. Color, 13 minutes, McGraw-Hill Films, 1975. Available from McGraw-Hill Films, 1221 Avenue of the Americas, New York, New York 10020.

2. Filmstrip series — *Ethics, Values, and Health Care*

(NOTE: This filmstrip series, which contains the following filmstrips, is available from Concept Media, P. O. Box 19542, Irvine, California 92714.)

a. *The Nature of Ethical Problems*

b. *Values Clarification*

SUGGESTED ACTIVITIES

c. *A Patient's Bill of Rights*

d. *Institutional Policies*

e. *Patient Autonomy*

f. *Nurse/Physician Relationship*

g. *Nursing Obligations*

h. *Concerning Death*

3. Pamphlets

(NOTE: The pamphlets below or similar ones are available from the nearest state employment agency.)

a. "How to Get and Hold the Right Job"

b. "How to Prepare Yourself for Job Interviews"

c. "How to 'Sell Yourself' to an Employer"

4. Film and videocassettes — *Critical Steps of Job Interviewing*

(NOTE: This program is designed to assist students in developing basic interviewing competencies. It is a 3 1/2- to 4-hour program, including programmed reading exercises, listen/respond exercises, and structured role-plays. The administrator's kit includes instructor's manual, 16 mm film, and five cassettes. The program is available for purchase from the State Department of Vocational and Technical Education, Curriculum and Instructional Materials Center, 1500 West Seventh Avenue, Stillwater, Oklahoma 74074.)

B. Introduce unit by stressing the need to be organized and to have everything ready when applying and interviewing for a job.

SUGGESTION:

- Show films related to preparing for, applying for, and interviewing for a job. Discuss the importance of being organized.

C. Stress the overall importance of ending a nursing education program and beginning a career as a professional with a great deal of responsibility.

SUGGESTION:

- Show filmstrip series *Ethics, Values, and Health Care*. Emphasize the nurse as a professional beginning a career of continuous learning.

SUGGESTED ACTIVITIES

D. Provide students with objective sheet.

E. Discuss unit and specific objectives.

F. Provide students with information and assignment sheets.

G. Discuss information and assignment sheets.

1. Discuss Information Sheet, Sections I and II. Emphasize the wide variety of health occupational fields available to practical nurses.

   SUGGESTIONS:

   - Invite resource persons from the various health occupational areas to speak to the class about jobs available for nurses.
   - Make a bulletin board showing advertisements from a variety of newspapers and health journals giving information about jobs available.
   - Ask students to research areas of interest and report to the class information concerning jobs available, salaries, job tasks, advantages and disadvantages of jobs, and advancement opportunities.
   - Take field trips to the areas available around your community to see the facilities and to speak with the staff concerning jobs available.
   - Have a "Career Day" for students. Invite people from the local facilities who hire nurses to come for refreshments and to bring brochures, films, or other materials used in recruiting nurses.

2. Supplement Information Sheet, Sections III through V with current regulations from the local governing board for nursing education and licensing. Stress responsibilities.

   SUGGESTIONS:

   - Obtain current rules and regulations related to nursing education, licensure, and practice in your state. Provide students with information so that they will know what is expected of them and what they should expect from the board of nursing.
   - Obtain several different review texts. Explain how to use the texts in reviewing for state board exams.
   - Obtain permission for students to observe a nursing board meeting.

SUGGESTED ACTIVITIES

- Obtain current information about policies concerning federal involvement in reimbursements to hospitals and other health areas. Relate this information to the importance of accurate and pertinent documentation of nursing care.
- Assist students in filling out appropriate forms for application to the state board examination.

3. Supplement Information Sheet, Section V with additional resources to assist students in preparing to become employees.

   SUGGESTION:

   - Ask a personnel director to speak to the students concerning what characteristics an employer looks for in an employee and what applicants need to do to convey to prospective employers that they possess these characteristics.

4. Discuss Information Sheet, Sections VI through X to assist students in preparing to apply for a job.

   SUGGESTION:

   - Have students complete Assignment Sheets #1 through #3 to allow them practice in applying for a job.

5. Provide opportunities for students to practice skills outlined in Information Sheet, Sections XI through XV.

   SUGGESTIONS:

   - Use film and videocassettes *Critical Steps for Job Interviewing* to help students practice for job interviews.
   - Have students complete Assignment Sheets #4 through #6 to practice job interview skills.
   - Use Assignment Sheets #4 through #6 as practice for the Job Seeking Skills competition in HOSA.

6. Discuss Information Sheet, Section XVI. Stress the importance of making sure that all aspects of the job are considered before acceptance.

   SUGGESTION:

   - Have students complete Assignment Sheets #7 through #9 to provide them with the opportunity to learn to evaluate and compare job offerings. Point out that a job that pays more might not be an advantage for the nurse who has to travel a great distance and use more fuel for transportation to that job.

SUGGESTED ACTIVITIES

7. Discuss Information Sheet, Sections XVII through XIX. Stress ways of finding satisfaction in the nursing profession, of avoiding burn-out, and of continuing education.

   SUGGESTIONS:

   - Have students complete Assignment Sheets #10 and #11 to help them evaluate their personal habits related to career success, to assist them in writing a letter of resignation if they move to another position, and to give them guidelines for asking for a raise or promotion.

   - Provide brochures or other informational material on professional organizations, educational opportunities, and seminars or workshops offered through various agencies.

H. Give test.

I. Reteach and retest if necessary.

III. Unit references

A. Rosdahl, Caroline Bunker. *Textbook of Basic Nursing*, 3rd ed. Philadelphia: J. B. Lippincott Company, 1981.

B. Schweiger, Joyce L. *The Nurse As Manager*. New York: A Wiley Medical Publication, John Wiley and Sons, 1980.

C. Sloan-Reid, Jamee. *The Medical Assistant*. Stillwater, Oklahoma: State Department of Vocational and Technical Education/Curriculum and Instructional Materials Center, 1981.

CAREER SUCCESS
UNIT I

INFORMATION SHEET

I. Terms and definitions

A. Employment/situation wanted ad — Classified advertisement placed by individual seeking employment and indicating job seeker's qualifications

EXAMPLE:

> LPN — 10 years experience in home care. Call 555-4000 after 3:30 P.M.

B. Help wanted ad — Advertisement telling what kind of job is available and what kind of qualifications are required

EXAMPLE:

> LPN NEEDED for minor surgery clinic. Must be experienced in surgical nursing. Contact Tabet Clinic 1:30 - 3:30 P.M. at 555-5454.

C. Blind ad — Classified advertisement that does not identify the advertiser

(NOTE: The applicant is asked to send a letter of application and a résumé to a box number or to call a certain number.)

EXAMPLE:

> PART-TIME LPN. No weekends. Fringe benefits. Box 666, Daily Review.

D. Résumé/personal data sheet — Written summary of information about an individual that would be of interest to a prospective employer

E. Vita — Brief autobiographical sketch

(NOTE: The vita usually lists the individual's major field of study and provides such biographical information as personal data, education, professional experience, and membership in professional and honorary organizations. See example on next page.)

INFORMATION SHEET

EXAMPLE:

VITA

CAROL CODY

LICENSED PRACTICAL NURSE

Major Field: Practical Nursing with emphasis in Gerontological Nursing

Biographical:

Personal Data: Born in Smalltown, America, December 12, 1960

Education: Graduated from Progress High School, Progress, America, in May, 1977; completed the Practical Nursing Program at Delta Area Vo-Tech School, May, 1981; obtained nursing license, September, 1981.

Professional Experience: Nurse's aide, Golden Times Care Center, Progress, America, June, 1977 through April, 1980; Part-time senior nurse's aide, Seneca Extended Care Center, May, 1980 to present

Organizations: Health Occupations Students of America, Chapter Vice-President, 1980; Gerontology Care Association, member 1980 to present

F. Shift differential pay — Additional salary paid by some health care institutions to persons who work evening or night shifts

(NOTE: Many institutions pay an additional amount to employees willing to be on call or to be available for immediate call to duty.)

G. Liability insurance — Policy that covers health care worker in case of accident or injury to person receiving care

EXAMPLE: Patient slips and falls in treatment room and charges the nurse with negligence. The insurance covers the sum asked for up to the amount of the policy if negligence is proven.

(NOTE: Many facilities and professional people carry liability insurance to cover their employees. Many professional organizations and insurance companies have special policies that health workers may purchase. It is advisable that all nurses have some type of liability insurance to cover them as they work with patients.)

INFORMATION SHEET

H. Interim work permit — Legal written document giving permission for person to work as a graduate practical nurse in an unlicensed capacity

(NOTE: In Oklahoma, interim work permits are issued to graduates of approved schools of practical nursing by the State Board of Nurse Registration and Nursing Education. Such interim permits are to be used only until the results of the first licensing examination are received. These work permits cannot be renewed. If the graduate practical nurse does not succeed in passing the state examination, he or she may be employed in a variety of health care positions but may not function in the role of a practical nurse. Interim work permits must be returned to the State Board of Nurse Registration and Nursing Education.)

II. Areas of employment available for licensed practical nurses

(NOTE: The scope of the nursing field widens each day. The nurse may choose from a wide variety of opportunities and take advantage of new technology and new health careers.)

A. Physicians' offices

(NOTE: The positions offered in physicians' offices vary. In specialty areas, the nurse will probably need additional training on the job. Nurses interested in specialty areas must be sure to check newspaper ads and telephone directories, or check with the specialist.)

B. Industries

(NOTE: Most industries have a first-aid station or an industrial nurse available who gives first aid, gives medical insurance examinations, performs basic diagnostic tests, counsels, and may have responsibilities in directing OSHA [Occupational Safety and Health Act] regulations.)

C. Health institutions

EXAMPLES: Hospitals, both private and state; nursing homes; clinics; mental health facilities

D. Schools

(NOTE: Universities utilize nurses in their infirmaries. Licensed practical nurses may also become qualified to teach in nurse's aide programs in schools, hospitals, or proprietory programs.)

E. Private duty in hospitals or homes

(NOTE: Private duty may be arranged through hospitals, private physicians, nurse registry groups, or private agencies.)

INFORMATION SHEET

F. Summer camps

G. Public health departments

H. Military services

I. Volunteer groups

(NOTE: Volunteer groups such as VISTA and the Peace Corps may not pay a great deal, but they give the nurse the opportunity to learn and travel.)

III. Responsibilities of practical nurses related to career success

A. Maintaining nursing license as outlined by the Board of Nursing or the Board of Examiners

(NOTE: After you pass the licensing examination and obtain your nursing license, you are responsible for renewing it and for keeping the board advised of any changes in name, address, or employment status.)

B. Following *all* guidelines set by the State Board of Nursing and the Nurse Practice Act

C. Upholding standards of nursing care to provide consistent, safe, quality care of patients

D. Becoming a model of professionalism in dress, act, and demeanor

E. Becoming an active member in your professional organizations

F Keeping current in your profession by taking the opportunities available to learn new skills and knowledge

G. Continuing to further your education and practice by moving up the educational career ladder

(NOTE: If you desire to further your education, seek information from schools of higher education. With your basic education and work experience, you may be able to move into advanced levels of nursing education and obtain additional diplomas and degrees.)

H. Maintaining an open mind at all times by striving to be nonjudgmental

I. Protecting yourself in all practices by performing only procedures in which you are skilled

J. Obtaining personal liability insurance

INFORMATION SHEET

K. Realizing the importance of documenting all procedures, equipment used, and patient responses

(NOTE: Remember the legal implications of documenting all information accurately and clearly. *Never* be tempted to alter any information! Documentation is also important in justifying the costs of patient care as health facilities become more accountable for each item and service charged to the patient.)

IV. General guidelines to follow for state board examination

(NOTE: The National Council Licensure Examination [for LPNs] is used in all states except California at this time. Each state administers the tests and sets standards for passing and failing grades. An overall scaled score of 350 is the passing score in Oklahoma. The one-day examination is administered twice each year on the same dates in every state except California.)

A. Before the published deadline, complete and file appropriate application forms for certification by examination with the Board of Nursing

(NOTE: Appropriate forms and specific instructions will be given to you by your school. Your school will also provide addresses where the materials are to be mailed. An application fee must accompany each application.)

B. Review for examination, using an effective system

EXAMPLES: Use regularly scheduled periods for study and review.

Analyze the areas in which you are weak and strong and repeat the review of those materials that may be problem areas.

Identify the most helpful notes, curriculum guides, review books, or other instructional materials to use in your review.

Test yourself with the practice questions in a review book that uses the multiple-choice question format of the board examination.

Try to understand the underlying principles and reasons for each answer.

C. Prepare yourself physically and mentally for the day of the examination

EXAMPLES: Get a good night's rest before the examination; do not stay up all night trying to cram.

Eat a good, nourishing meal the morning of the examination.

Plan to arrive early at the testing site.

Think *positive*, and *be confident* of all that you do know.

INFORMATION SHEET

D. Bring to the testing site appropriate admission forms sent to you by the Board of Nurse Registration to enable you to be admitted to the examining room

E. Carefully read all directions for the test so that you will understand each procedure, including scoring rules, penalties for incorrect answers, and time limits

F. Try to relax as you take the examination; read the major stem of each question carefully to make sure that you understand the key points of the question

G. Leave the examination with a positive thought that you did the best you could do

(NOTE: Results from the examination will be sent to you. Persons who are not successful in the first writing have an opportunity to rewrite the examination at the next available date after reapplying to the State Board of Nursing.)

V. Criteria for licensure

A. Licensure by endorsement

1. A license to practice as a licensed practical nurse may be issued by the Board of Nursing without written examination to a person duly licensed in another state if the applicant meets the requirements of the endorsing state

2. Applicants from foreign countries must be able to write, speak, and understand English, in addition to other requirements set by the State Board of Nursing

3. Application for license by endorsement in another state should be made to that state's Board of Nursing

(NOTE: The endorsing state will require a current license or a statement from the original licensing state, proof of educational requirements, and a fee for issuing the license.)

4. A temporary license must be obtained if the applicant wants to be employed as a nurse pending issuance of the permanent license

B. License renewal

1. Licenses are issued for a certain period of time in each state

(NOTE: Licenses are issued and are in effect for a specified period of time before they need to be renewed. The renewal date appears on the license.)

INFORMATION SHEET

2. Application for renewal is mailed to the licensed nurse at the last known address

   (NOTE: Keep the Board of Nursing up-to-date by sending address changes as soon as possible.)

3. A license that has lapsed may be reinstated when a reinstatement fee is paid in addition to the current annual fee

   (NOTE: Practicing as a nurse when the license has lapsed or has been suspended is a violation of the Nurse Practice Act.)

4. A licensed nurse who does not wish to practice nursing may request in writing to be placed on an inactive list

   (NOTE: Practicing nursing while on an inactive list is a violation of the Nurse Practice Act.)

5. Earning a specified number of continued education units (CEUs) is mandatory for license renewal in some states

   (NOTE: In Oklahoma at this time CEUs are not mandatory.)

6. Licenses may be revoked for a number of reasons according to the rules and regulations of the Nurse Practice Act and by the Board of Nurse Registration and Nursing Education.

VI. Characteristics that employers look for in an employee

   A. Ability to learn institutional procedures and policies

   B. Ability to perform work safely and accurately

   C. Initiative to take advantage of continuing education opportunities, including the review of professional journals to learn new procedures

   D. Dependability to be at work on time whenever scheduled

      (NOTE: Dependability is one of the most important characteristics that an employer looks for in an employee. If the nurse does not arrive at work when scheduled, the unit will be short-staffed and patient care could suffer. If you must be late, notify your supervisor as soon as you know. If you are ill, call as early as possible so that someone else can be called.)

   E. Knowledge of all skills required for the job and willingness to learn new skills

   F. Efficiency in planning work time carefully and using equipment properly

INFORMATION SHEET

G. Cooperation with all fellow employees

(NOTE: To be a part of an effective health team you must cooperate with all hospital staff. Courteous and respectful behavior toward other staff, patients, and their families is a must. Avoid the temptation to gossip, and respect the confidentiality given to you.)

H. Honesty in all you do and say

(NOTE: If you are not able to perform a procedure or you do not know the answer to every question, do not be afraid to admit that you are not knowledgeable. Most employers would rather have you ask for needed help than take chances with limited knowledge.)

VII. Steps to take in finding and securing a job

(NOTE: You may not get the job the first time, and that first interview may not be what you expected. Do not be discouraged; look at the experience as a learning situation. Evaluate yourself. Work to strengthen the weak points and polish the strong points.)

A. Write down a complete self-inventory

(NOTE: Consider your abilities, experience, training, personality, desired working conditions, and what you want from life. Also consider your limitations and your need for more training and/or education. You might have to take lesser jobs first to get more experience to qualify for the job level you desire. *Be honest with yourself*.)

B. Make a list of employer possibilities

C. Make a list of possible contacts to help you in your job search

D. Prepare for a job interview

(NOTE: Decide on the method of seeking the job interview. Would a telephone call or a letter be better? Will you need a résumé? Decide on a follow-up method if the interview is not decisive.)

E. Estimate salary

(NOTE: Look at the newspaper to get an idea of the pay range for the job. Age and experience are factors in determining starting pay. If the letters "D-O-E" appear in the ad, the salary depends on the applicant's experience. Imagine yourself hiring you. What do you have to sell, and of what value is it to a prospective employer?)

INFORMATION SHEET

VIII. Sources for locating employment opportunities

A. Other people

(NOTE: Tell people that you are job hunting. The more people who are aware that you are interested in obtaining a job, the better your chances for locating employment.)

EXAMPLES: Teachers, counselors, ministers or priests, friends, relatives, neighbors, political officials, business people, professionals in the medical field

B. Newspapers

(NOTE: Use situation wanted columns, help wanted ads, general listings by employment agencies, and blind ads.)

C. Employment agencies

D. Former employers

E. Health facility personnel offices

F. School placement services

G. Professional journals and newsletters

H. Nurse's registry

IX. Types of employment agencies specializing in health care positions

A. Private agencies

(NOTE: As the emphasis on home health care increases, more health care givers will be needed to provide those types of services. Various private agencies specializing in health care are available, and they offer good benefits for nurses who need and enjoy this type of work. Hospitals also draw from private agencies when they need additional staff.)

1. May charge a placement fee
2. Require a signed contract between employee and employer
3. Are usually licensed and bonded
4. May provide additional benefits to the employee

EXAMPLES: Uniform allowance, educational courses, insurance, flexible working hours

INFORMATION SHEET

5. Are controlled by state laws
6. May be certified for federal and state reimbursements

   EXAMPLES: Medicare and Medicaid

7. Have specific requirements for employees

   EXAMPLES: One year of experience as a licensed practical nurse, valid Social Security number, a thorough physical examination including a T.B. test

B. Public agencies
   1. Do not charge placement fee for services
   2. Are supported by state or federal government funds
   3. Are controlled by state laws
   4. Give helpful aptitude tests and counseling if needed

X. Guidelines for telephoning for an interview appointment (Assignment Sheet #2)
   A. Plan in advance what you want to say
   B. Know the name of the employer or the interviewer
   C. Call during regular business hours
   D. State your name clearly; spell it if necessary
   E. Speak confidently, clearly, and distinctly
   F. Be courteous and businesslike
   G. Request a personal interview; make sure to state which job you wish to apply for
   H. Be certain of the time and place of the appointment, and write down the pertinent information

      EXAMPLES: Address of employer, documents needed for the interview

   I. Make the conversation brief and to the point; thank the person for the appointment

XI. Guidelines for dressing for an interview
   A. Consider the type of job

      (NOTE: Usually, you should not wear a uniform when seeking employment, but do dress neatly and appropriately.)

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B. Dress to fit the salary range of job

C. Coordinate clothing

(NOTE: Consider colors, patterns, and fabrics suitable for the shape of your face and your build.)

D. Be conservative and modest

(NOTE: In most cases, avoid high-fashion items and faddish styles. Avoid wearing unusual shoes, gaudy jewelry, bright or heavy makeup, strong colognes or aftershaves, sunglasses [during the interview], see-through clothing, shorts or very short skirts, and jeans.)

E. Be well-groomed

(NOTE: Health workers should look very clean and neat. Hair needs to be simple, clean, and pulled back away from the face. Nails should be clean and moderately short. If a dress code is not mentioned during the interview, ask what type of uniform is required and what the rules are for cologne and jewelry.)

XII. Documentation needed when applying for a job (Assignment Sheets #1 and #3)

A. Personal data sheet/résumé or vita

B. Letter of application

C. Evidence of education

EXAMPLES: High school diploma or GED certificate, LPN license or temporary work permit, diploma from an accredited practical nurse program

XIII. Steps in preparing for a job interview (Assignment Sheet #4)

A. Learn what you can about the institution or office

EXAMPLES: Types of patients treated, salary scale, hours of work

B. Assemble necessary papers

EXAMPLES: Personal data sheet, work record, references, Social Security card, temporary work permit, license

C. Know what you have to offer

EXAMPLES: Education and training, work experience, abilities, work preferences, limitations

INFORMATION SHEET

D. Know why you want to work for the institution or office

(NOTE: Be able to tell about your education, experience, and interest in that particular area of nursing, and be prepared to explain any special preparation you have had for that job.)

E. Get a good night's rest

F. Dress appropriately

G. Arrive early

H. Use appropriate titles

I. Tell the receptionist or secretary your name, whom you are to see, why you are there, and the time of your appointment

J. Maintain a composed, calm manner

K. Be courteous and friendly

(NOTE: The employer might ask the receptionist for an opinion of the applicant.)

L. Be prepared to fill out an employment application form

(NOTE: Have all of your references, ink pens [black or blue], and any other items needed to be able to fill out the application form.)

XIV. Common observations made by the employer during an interview (Assignment Sheet #5)

A. General appearance

1. Personal appearance and grooming

2. General health condition

3. Overall attitude

B. Manners and personality

1. Level of maturity

2. Friendliness and sense of humor

3. Poise

4. Initiative

INFORMATION SHEET

5. Enthusiasm

6. Confidence

7. Honesty and sincerity

C. Self-expression

1. Ability to think and speak clearly

2. Speaking voice, including diction and grammar

3. Ability to ask intelligent questions and respond to questions

D. Personal interests and activities

(NOTE: This area may not be covered in the interview; however some employers ask questions of this nature to put the applicant at ease or to find out something about the applicant's nonprofessional activities.)

1. Interest in community activities

2. Awareness of current events

3. Recreational and cultural interests

E. Past work experience

1. Previous occupations

2. Salary levels

3. Reason for leaving last employment

F. Education and personal preparation

1. Interest in job requirements

2. Willingness to accept responsibility

3. Desire to continue education

XV. Guidelines for a successful interview (Assignment Sheets #5 and #6)

A. Act enthusiastic, attentive, and interested

B. Greet the interviewer by name; state your name and the job for which you are applying

EXAMPLE: "Good morning, Mrs. Martinique. I'm Jan Meadows and I am here to apply for the 3 to 11 nursing position in pediatrics."

INFORMATION SHEET

C. Remain standing until invited to be seated

D. Use good posture

E. Speak freely, distinctly, and to the point

F. Answer questions directly and truthfully

G. Focus attention on your strong points; admit limitations honestly

H. Be a good listener; maintain good eye contact

I. Use tact in asking for information that has been overlooked

EXAMPLES: Salary differentials, floating to other units, promotions

J. Recognize when the interview is over; thank the interviewer, reemphasize your interest in the position, and leave courteously

K. Write a follow-up letter thanking the employer for the interview

XVI. Common employee benefits (Assignment Sheets #7-#9)

A. Unemployment compensation or insurance

(NOTE: Businesses that employ a certain number of workers must contribute a small percentage of the total payroll to the federal and state governments. This percentage supports a program whereby covered employees receive a certain amount of money during each week of unemployment.)

B. Workmen's compensation

(NOTE: This health insurance program provides medical benefits to employees who are injured on the job or become ill as a direct result of their working conditions. Employers are required to provide and pay for this insurance in most states.)

C. Hospitalization and life insurance for the employee

D. Uniforms

(NOTE: Articles of clothing such as scrub dresses or suits, caps and masks are supplied by the institution.)

E. Parking lot spaces

F. Shift differential pay

G. Paid time off for vacations, holidays, coffee or rest breaks, sick leave

INFORMATION SHEET

H. Opportunity to belong to a credit union

I. Subsidized cafeteria

J. Medications and treatment at a discount

K. Preemployment physical

L. Continuing education programs

M. Liability insurance

N. Merit pay

XVII. Ways to increase self-satisfaction in a career (Assignment Sheets #10 and #11)

A. Have a positive attitude

B. Be enthusiastic

C. Keep an open mind

(NOTE: Try to learn something new each day. In the health field, new equipment and new techniques are being tried each day. You can be the most up-to-date worker if you will be receptive.)

D. Read all of the journals, newsletters, and textbooks available that pertain to your profession

E. Join and be active in your professional organizations

F. Volunteer to attend any workshops or in-service programs that your institution might offer

(NOTE: The more you know about your job and your profession, the happier you will be. If you want to further your education and training, set realistic goals and work to attain them.)

XVIII. Ways to continue education in the nursing profession

A. Attending in-service programs

EXAMPLES: New equipment updates, hospital programs, professional organizations

B. Taking courses at junior colleges or universities

C. Taking courses offered by professional organizations

INFORMATION SHEET

D. Taking adult education courses in vocational and technical schools

XIX. Reasons why people lose jobs

A. Low dedication to work ethic

EXAMPLES: Continual tardiness, calling in sick at the last moment or not at all, poor grooming habits, dishonesty in work, disloyalty to place of employment, carelessness

(NOTE: Employers and the people you care for deserve your very best. You should strive to do your best and give the care and concern that you would want to receive. In return, you have the right to work in an atmosphere of appreciation for your efforts and one in which you are able to learn and grow in your profession.)

B. Poor human relations and attitude

(NOTE: The biggest factor of all is how you conduct yourself with the health team and the patients and their families. If you are not a "people person," you may want to look for an occupation that does not demand working with the public.)

C. Lack of technical knowledge

(NOTE: Lack of technical knowledge or low ability in executing skills required in a particular job can cost you your job. Look at all available opportunities to learn needed skills or to brush up on learned skills in which you feel weak.)

CAREER SUCCESS
UNIT I

ASSIGNMENT SHEET #1 — PREPARE A RÉSUMÉ

NAME ________________________________ SCORE ______________

Your résumé represents *you* on paper. A résumé provides your prospective employer with a first impression of you and may be the factor that determines whether or not you will get an interview. A good résumé should immediately give prospective employers a brief summary of your accomplishments, educational background, work experience, skills, and job objective. In short, what can you do for them?

Using the following information, write a résumé to be included with your letter of application. Choose one of the ads given at the end of Assignment Sheet #3 or select an ad from a newspaper to use in developing your résumé.

A. Inspect several résumé formats and choose one that best fits your needs, or use the example on the following page as a guide.

B. Type your résumé on 8 1/2-by-11-inch white paper. Try not to exceed one page, but try to fill the page.

C. Use parallel constructions to ensure a consistent writing style.

D. Phrase your résumé concisely but avoid using abbreviations.

E. Spell correctly. Many employers will not consider persons whose résumé contains misspelled words.

F. Put your name prominently at the top in the center or upper left-hand corner. Beneath your name, give your full street address, city, state, ZIP Code, telephone number with area code, and a number where messages can be accepted.

(NOTE: If you are applying for positions out of town, leave space to type local phone number, address, and dates available.)

G. Do not include birthplace, age, health, height, weight, sex, marital status, photo, salary, or reasons for leaving a job. Avoid mentioning religious and political affiliations.

(NOTE: The whole point of the résumé is to interest employers in meeting you in person. The above information may or may not be requested during the interview, but by not including this information, there is little chance of discrimination. However, if you feel that you would benefit by adding any of the above information, you may do so.)

H. Describe your job objective or career goal briefly. Do not restrict yourself to a specific job unless you are quite experienced.

ASSIGNMENT SHEET #1

I. Describe your educational background, giving dates of enrollment, diplomas or degrees received, and names of schools attended. Include grade average (if favorable) and major course of study. If you include school grades, be sure that they are related to the jobs you have in mind. If related, mention additional or graduate courses, scholarships, and summer school courses or workshops.

(NOTE: Applicants with less than one year of work experience should list education before work experience; with more than one year, put experience first. In résumé writing, accent the positive, eliminate the negative.)

J. List your past employment, starting with the most recent job. Carefully examine all the jobs you have done, including extracurricular activities. *Concentrate on the skills*: Do not categorize "summer jobs."

(NOTE: The list should include the name of the company, your job title, and your major duties and responsibilities. The starting and termination dates for each job should be listed. Most employers ask during interviews why you left previous jobs. Try to be positive in stating your reasons for leaving a former job. Avoid downgrading your previous employers.)

K. List skills useful to the job. Remember, you have to prove your value, especially if you have little experience.

(NOTE: Use active verbs to indicate the specific tasks you performed, initiated, directed, or planned.)

EXAMPLE: Set up and conducted diabetic patient education programs.

L. Include the following information if it is relevant and if there is enough space: hobbies and interests, extracurricular activities, clubs, honors you have received.

M. List or be ready to list at least three persons whom you have asked to give you a positive recommendation.

(NOTE: Be prepared to have a completed list of names, addresses, and telephone numbers of references in advance of the interview. Be sure that you have received permission from these persons and that they will give you a recommendation. Use business references, teachers, and character references. Avoid listing relatives unless you have actually worked for them on a salaried basis.)

N. Write CONFIDENTIAL at the top of the résumé to alert the reader if you do not want your current employer to know you are looking for another job.

(NOTE: Try to give a telephone number where you can receive confidential calls.)

O. Have local printer retype your résumé and reproduce several copies. Request white bond paper.

(NOTE: The physical appearance of your résumé is *very important*. Avoid using ditto or carbon copies. Be sure to proofread the printer's work. Always bring extra copies of the résumé to the interview.)

ASSIGNMENT SHEET #1

SAMPLE RÉSUMÉ

RÉSUMÉ

Tony C. Maillot

September 3, 1984

1510 Shalimar
Central City, Oklahoma 10750

Phone: (800) 555-3636

Job Objective: Pediatric nurse in private health institution

EDUCATION

1982-84 Best Area Vo-Tech School, North Central, Oklahoma
Activities: Secretary of local HOSA Chapter
Honors: First place in Nurse's Aide Skill Competition at National HOSA
Diploma: Graduate Practical Nurse

1978-82 Central High School, Central City, Oklahoma
Activities: President of Future Nurses Association

WORK EXPERIENCE

1982- Liberty National Hospital, North Central, Oklahoma

Work as nurse's aide in the pediatric unit; responsible for bathing, feeding, weighing, measuring, and taking vital signs of pediatric patients; assist with diagnostic procedures; communicate home care and patient needs to parents.

1978-82 Creative Child Care Center, Central City, Oklahoma

Worked part-time and weekends as an assistant recreation and arts and crafts director. Developed crafts and toys for toddlers, responsible for teaching weekly arts and crafts, supervised and planned field trips, organized weekend recreational programs.

Summers 1978-82 Lawn Park Recreation Club, Central City, Oklahoma

Crafts instructor for preschool and school-age children. Responsible for developing games and craft projects.

REFERENCES

Rebecca Cronlin, R.N.
Coordinator, School of Practical Nursing
Best Area Vo-Tech School
North Central, Oklahoma 10752
(800) 555-9257

Stephanie C. Bloomington, R.N.
Charge Nurse, Liberty National Hospital
North Central, Oklahoma 10752
(800) 515-7772

Dr. Peter Freemonton, Director
Creative Child Care Center
Central City, Oklahoma 10750
(800) 411-5600

CAREER SUCCESS
UNIT I

ASSIGNMENT SHEET #2 — USE A TELEPHONE TO ARRANGE A JOB INTERVIEW

NAME ______________________________ SCORE ______________

Making an appointment by telephone accomplishes two things. First, it shows that you are interested in saving the employer's time. Second, it shows that you are thoughtful enough to ask for the best time for the employer to see you.

Use the guidelines below to role-play a situation in which you make an appointment by telephone. After you have completed the role-play, use the checklist on the following page to check your performance.

Follow these steps in making an appointment by telephone:

- Plan what you are going to say before you call.

  (NOTE: Outline in writing, if necessary, the main points you wish to cover.)

- State your name and reason for calling.

  EXAMPLE: "Hello, this is Marion Moss, and I'm calling about your ad in the Sometown Daily News for a staff nurse. I would like to make an appointment for an interview."

- Ask when would be the best time for you to come for the interview.
- Record the day, time, and place of the interview and the name of the interviewer.
- Thank the receptionist.

Remember these things when calling for an appointment:

- Keep the receptionist on your side. The receptionist is there to help you.

  (NOTE: The receptionist is sometimes asked to evaluate applicants.)

- Do not ask over the telephone how much the job pays.
- Be polite and courteous. Remember that this call is the first contact you may have with the firm. Make that first impression a good one.

ASSIGNMENT SHEET #2

Checklist for making an appointment by telephone

		Yes	No
A.	Was prepared before calling	☐	☐
B.	Did not have to stammer to find the right words	☐	☐
C.	Identified myself	☐	☐
D.	Immediately stated reasons for calling	☐	☐
E.	Asked the best time for an appointment with the employer	☐	☐
F.	Was courteous and friendly	☐	☐
G.	Thanked the receptionist	☐	☐
H.	Made record of the interview date, hour, and place and recorded the name of the interviewer	☐	☐

CAREER SUCCESS
UNIT I

ASSIGNMENT SHEET #3 — WRITE A COVER/APPLICATION LETTER

NAME ______________________________ SCORE ______________

The cover/application letter is a sales technique to tell the employer how your abilities will be useful. While the résumé gives general background information, the application letter should specify your qualifications.

Use the page of ads at the end of this assignment sheet, or select an ad from your local newspaper, and write a cover/application letter to accompany the résumé you prepared in Assignment Sheet #2.

(NOTE: If you cannot type, it is recommended that you write or print *neatly* using blue or black ink.)

PART I

Read the following guidelines.

A. Pay attention to form and appearance.

   1. Type or write neatly.
   2. Write on only one side of paper.
   3. Avoid smudges and typographical errors.
   4. Use 8 ½-by-11-inch white bond paper, not personal stationery or fancy paper.
   5. Spell, capitalize, and punctuate correctly.
   6. Include employer's full name, title, and address.
   7. Include your full name and address with ZIP Code on the letter.

B. Include complete information.

   1. Write to a specific person.

      (NOTE: Find out the name and the correct title of the person you want to reach. When in doubt, write to the person who will refer your résumé to the right party. Use "To Whom It May Concern" if answering a blind ad.)

   2. Be brief; do not repeat information already in the résumé.

      a. State the position for which you are applying.

ASSIGNMENT SHEET #3

b. Avoid needless details.

c. Cover all points requested in the advertisement in exactly the order for which they are asked.

(NOTE: Some prospective employers make a point of testing the applicant's ability to follow directions.)

3. State reason for interest in job.

(NOTE: Employers look for people who look for future advancement opportunities rather than just a paycheck.)

4. Refer briefly to the main points in the attached résumé.

5. Mention that persons listed on the résumé have given their permission to serve as references.

6. Request an interview at the employer's convenience.

a. Tell where you can be reached.

b. Enclose self-addressed, stamped envelope and résumé.

c. Say that you will telephone next week.

C. Attract attention in opening paragraph.

EXAMPLES: Dear Ms. Jones:

My experience and education in critical care nursing have prepared me to assume the responsibilities of charge nurse in your intensive care unit.

Dear Dr. Smith:

Have you wished you had an office nurse who has experience in assisting with minor surgery and performing basic laboratory tests? I have such experience.

D. End the letter properly.

(NOTE: "Sincerely" or "Very truly yours" is appropriate.)

E. Use permanent address for the return address and make sure to include the correct date.

F. Staple letter to résumé as they may be circulated to several departments and may become separated.

ASSIGNMENT SHEET #3

G. Follow up and phone for an appointment a week later.

(NOTE: Do not be surprised if the résumé has been referred to another department. Remember, the institution is in business and you may not get immediate attention, especially if you have sent a letter in response to a blind ad. Do not give up, but keep trying until you reach the right person and ask for a convenient date to set up an interview.)

H. Keep in touch regarding possible openings now and in the future.

(NOTE: The "job hunt" may take several weeks or even months. It is important to keep your contacts alive without being a nuisance.)

PART II

Read the sample application letters on the following pages, and answer the questions below.

A. What are examples of poor form in the first application letter?

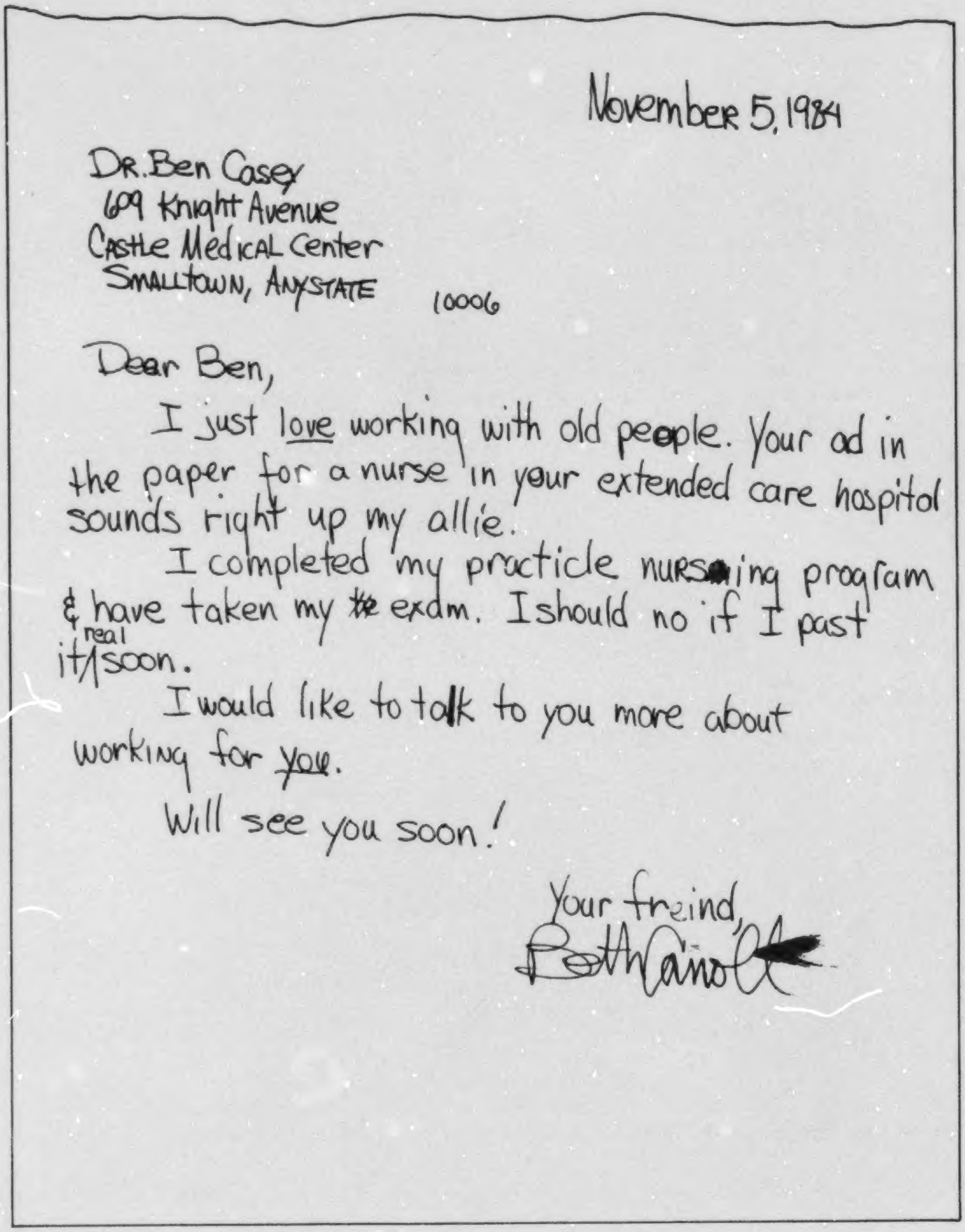
B. How did the second letter improve?

PART III

Write your own cover/application letter on a separate sheet of paper, using one of the ads at the end of this assignment sheet.

ASSIGNMENT SHEET #3

EXAMPLE OF AN INAPPROPRIATE COVER/APPLICATION LETTER



November 5, 1984

Dr. Ben Casey
609 Knight Avenue
Castle Medical Center
Smalltown, Anystate 10006

Dear Ben,

I just love working with old people. Your ad in the paper for a nurse in your extended care hospitol sounds right up my allie.

I completed my practicle nursing program & have taken my ~~the~~ exam. I should no if I past it real soon.

I would like to talk to you more about working for you.

Will see you soon!

Your freind,
Beth Carroll

ASSIGNMENT SHEET #3

EXAMPLE OF AN APPROPRIATE COVER/APPLICATION LETTER

1506 North Camelot
Smalltown, Anystate 10006
November 5, 198-

Dr. Ben Casey
609 Knight Avenue
Castle Medical Center
Smalltown, Anystate 10006

Dear Dr. Casey:

Please consider me an applicant for the position of staff nurse advertised in the 4 November edition of the *Smalltown Daily Post*. I enjoy contact with older persons and would like the opportunity to work in an extended care facility.

I am qualified to fill this position because of my experience as a nursing assistant with the Golden Age Nursing Home, and because in August of this year I completed the Belltower Vo-Tech School practical nursing program, which included coursework in gerontology and a clinical rotation in the Smalltown Extended Care Center. In October, I took the state board examination, and will receive the results in three weeks.

I have attached a copy of my résumé for your review, and would appreciate the opportunity to come in and talk with you at your convenience. I may be reached at the above address or by telephone after 3:00 P.M. at (800) 555-2000.

Sincerely,

Susan Nightingale

Susan Nightingale

ASSIGNMENT SHEET #3

083 - Help Wanted - Medical

POSITIONS OPEN
IN THE HEALTH FIELD
YOU ARE NEEDED FOR
CHALLENGING JOBS WITH
GOOD PAY & BENEFITS

HOUSE CALLS INC.

Looking for LPNs, RNs with home care experience for temporary assignments. Work desired hours in areas close to you. Uniforms, liability insurance, shift differentials. Contact Nancy Norse, Director, 25000 N. Walnut, Bigcity, America 00010
PLEASE SEND REFERENCES!

TLC INC.

Owned & operated by Nurses for Nurses 555-1658, 20th & Elm

LPN CMA

AIDES

Apply for available positions to Western Heights Nursing Home, 1421 S. Western Ave., Someplace, America 80182

LPNs

Need immediately—experienced nurses in home care. Top wages, fringe benefits. No weekends. Call or write to Peggy White (909) 555-3400, 1600 W. 10th, Booty, America 10019

BABY MAN NEEDS TOP-NOTCH NURSE

RNs and LPNs with obstetrical experience needed in busy OB-GYN office. Office hours 8:30 A.M. - 4:30 P.M. NO weekends! Uniform allowance — other fringe benefits. Send resume and references to P. O. Box 1016, Main St., Big City, America 19007

NURSE NEEDED!

Smokers need not apply! Right opportunity for nurse to work in biofeedback clinic. Must have initiative and be willing to learn. Write to Box 65, Valley, America 54507

LICENSED PRACTICAL NURSES

NEED IMMEDIATELY—staff nurses for all shifts in new extended care facility. Opportunity to learn through in-service programs and to provide compassionate care for patients in all stages of rehabilitation. Contact Betty Right, PN, Washburn Rehabilitation Center, 70th & Porter, City, America 23111

OPENINGS

3 - 11
11 - 7

LPNs

Need nurses trained in ER for both shifts. Every 3rd weekend, parking facilities, health & life insurance. Write to Morris and Edison Health Center, P. O. Box 118, Center City, America 18800

CAREER SUCCESS
UNIT I

ASSIGNMENT SHEET #4 — COMPLETE AN EMPLOYMENT APPLICATION FORM

NAME ______________________________ SCORE ______________

Filling out an employment application form is an important step in securing a position. Along with your cover/application letter and interview, the application form tells the employer about your capabilities and background. A neat, well-organized, completed application form helps you present your information in a positive manner.

Complete the following application form using the guidelines below. Use information about yourself from your résumé.

(NOTE: Although each facility uses its own form, general rules of preparation apply to any form. Many employers allow you to pick up an application and fill it out at home to be mailed or brought in later.)

A. Be prepared.

   1. Take pen and pencil with you.

   2. Take Social Security card and copies of your résumé.

B. Look over entire form before starting to write; do not hurry.

C. Follow directions.

   1. Note whether information is to be printed or handwritten.

   2. Carry out all directions.

D. Write clearly, neatly, and legibly.

E. Answer briefly.

F. Be honest.

G. Answer all questions.

   (NOTE: If questions do not apply to you, write "not applicable" or "NA" in the space to show that you did not overlook the question.)

H. Include complete information; use résumé.

I. *Recheck* application when finished.

ASSIGNMENT SHEET #4

J. Avoid cross-outs and obvious erasure marks.

K. Do not list any restrictions to the geographic area in which you would work unless you would absolutely not consider other geographic areas.

L. Use the word OPEN for questions about minimum salary because most employers pay standardized rates and will not negotiate.

ASSIGNMENT SHEET #4

NIGHTINGALE MEMORIAL HOSPITAL
2825 Greenlawn Drive
Somewhere, Oklahoma 14326

APPLICATION FOR EMPLOYMENT
(Please type or print)

"An Equal Opportunity Employer"

Thank you for your interest in employment at Nightingale Memorial Hospital. We are an equal opportunity employer and comply with the letter and the spirit of federal and state laws that prohibit discrimination based on race, color, creed, age, sex, national origin, or qualified handicap. We assure you that your application will be treated fairly and confidentially.

Date of Application__________

Name__________ Maiden Name__________

Address__________ Zip Code__________

Telephone Number__________ Social Security Number__________

Permanent Address (if different)__________

Date of Birth__________

Have you ever been employed at Nightingale Memorial Hospital?__________

Job Interest

Position Applying for__________

Full-Time__________ Part-Time__________ Shift Preference__________

Education and Training

High School
Name__________ City/State__________

Did you graduate?__________ Receive G.E.D.?__________

College, University, Nursing School
Name__________ City/State__________

Dates of Attendance: From__________ to__________
Mo Yr Mo Yr

Registration (If Applicable)

List where you are currently registered

Registration/License__________
Certification Number Annual Number

City/State__________ Expiration Date__________

ASSIGNMENT SHEET #4

Emergency Notification

Name ____________________ Relationship ____________

Address ____________________ City/State/Zip ____________

Telephone Number (Home) ____________ (Business) ____________

Special Skills

List office machines you can operate ____________________

Can you operate a transcriber? ________ 10 key? ________ Typing Speed ________

Are you familiar with medical terminology? ____________ Shorthand Speed ________

Employment History

List your last three places of employment

Present or Last Employer ____________________ Position Held ____________

Address ____________________ City/State/Zip ____________

Employed from ______ to ______ Salary ______ Supervisor ____________

Reason for Leaving ____________________

Employer ____________________ Position Held ____________

Address ____________________ City/State/Zip ____________

Employed from ______ to ______ Salary ______ Supervisor ____________

Reason for Leaving ____________________

Employer ____________________ Position Held ____________

Address ____________________ City/State/Zip ____________

Employed from ______ to ______ Salary ______ Supervisor ____________

Reason for Leaving ____________________

Military Service (If Applicable)

Branch ____________________ Service Dates: From ________ to ________

Primary Duties ____________________ In Reserves? ____________

Personal Background

Do you have any relatives employed at Nightingale Memorial Hospital? ____________

Do you foresee any problem (medical or other) that will cause your being absent from work on a regular basis?

____

Have you ever been convicted of a felony? ____________________

If you are not a citizen of the U.S. do you have proper visa that permits you to remain and work in the U.S.? ____________ Visa Number ____________

ASSIGNMENT SHEET #4

Recruitment Data

What prompted you to apply for employment at Nightingale Memorial Hospital?

Advertisement__________ Career Day____________ School______________ Employment Agency______

Relative/Friend__________ Employee______________ Just Walked In__________

Please Read Carefully

I certify that the answers given in this application are complete and true and I authorize Nightingale Memorial Hospital to investigate any or all statements made herein. I realize the falsification or omission of any information in this application or during any interview may be cause for immediate rejection or dismissal.

I agree to conform to the Hospital's rules and regulations and will permit medical examinations by the Hospital's physician upon request. I also agree that as a condition of my employment I may be transferred to another department or shift if required by staffing or census levels.

____________________________________ Signature of Applicant

______________ Date

CAREER SUCCESS
UNIT I

ASSIGNMENT SHEET #5 — PARTICIPATE IN A JOB INTERVIEW

NAME ______________________________ SCORE ______________

Now that you are prepared for an interview, team up with another student in the class. Assume the roles of interviewer and applicant and then switch so each of you gets to play both roles. Apply for the job you now have or for the one for which you wrote the letter of application.

Let your classmates evaluate your performance, using the job interview evaluation form below. Use the sample interview that follows for your role-play.

(NOTE: Videotape the practice sessions if possible.)

Job Interview Evaluation Form

	Yes	No
Preparing for the Interview		
Was the applicant clean, well-groomed, and neat?	☐	☐
Did the applicant wear appropriate clothes and shoes for the type of job for which he or she applied?	☐	☐
Did the applicant take to the interview an ink pen and résumé with information about Social Security number, references, addresses, dates employed, and dates attended school?	☐	☐
Did the applicant go alone, not taking parents or friends?	☐	☐
Was the applicant on ti[illegible] for the interview?	☐	☐
Did the applicant know the name and title of the interviewer?	☐	☐
Did the applicant know pertinent facts about the office, such as name, kind of facility, services, reasons for wanting to work there, and what specialty areas were available?	☐	☐
When the applicant met the receptionist, did the applicant smile, introduce himself or herself, state that he or she had an appointment, follow the receptionist's instructions, and wait patiently?	☐	☐
Did the applicant enter the interview room with poise and greet the interviewer by name?	☐	☐
Participating in the Interview		
Did the applicant shake hands firmly if the interviewer offered?	☐	☐

46-C

ASSIGNMENT SHEET #5

	Yes	No
Did the applicant introduce himself or herself to the interviewer?	☐	☐
Did the applicant take a seat only at the interviewer's invitation?	☐	☐
Did the applicant show signs of nervousness?	☐	☐
Did the applicant refrain from placing personal things on the interviewer's desk, from smoking, and from chewing gum?	☐	☐
Did the applicant look alert, interested, and enthusiastic?	☐	☐
Was the appicant confident and courteous?	☐	☐
Did the applicant answer questions clearly and not interrupt?	☐	☐
Anticipating Questions and Volunteering Proper Information		
Did the applicant avoid giving all yes or no answers?	☐	☐
Did the applicant avoid criticizing former employers or competitors?	☐	☐
Did the applicant avoid talking about personal problems?	☐	☐
Did the applicant show copies of his or her work, if applicable?	☐	☐
Did the applicant state that he or she was willing to start at the beginning salary?	☐	☐
Did the applicant find a true, positive statement concerning reasons for leaving previous job, even if fired?	☐	☐
EXAMPLES: "I was laid off, but I learned from my mistakes." "I left because they did not need as many employees due to low patient census."		
Did the applicant try to mention his or her best qualities in relation to something concrete?	☐	☐
EXAMPLE: "I earned 75 percent of my expenses while going to school" is better than "I am a hard worker and want to get ahead."		
Did the applicant give the lead back to the interviewer by saying, "Perhaps you have some other questions to ask me"?	☐	☐

ASSIGNMENT SHEET #5

	Yes	No
Was the applicant prepared for personal questions about home life and parents' occupations?	☐	☐
Did the applicant avoid questions concerning politics or economics?	☐	☐
Did the applicant answer questions about career objectives by using specific terms about near future goals in a particular field, without limiting opportunities?	☐	☐
EXAMPLE: A career in the nursing profession that will give me experience as a critical care nurse		
Did the applicant look directly at the interviewer, smile, use correct English, and speak in clear, moderate tones?	☐	☐
Did the applicant show an interest in the facility by asking questions about it?	☐	☐
Did the applicant really try to sell himself or herself?	☐	☐
Did the applicant give the interviewer the opportunity to mention salary and fringe benefits?	☐	☐
Did the applicant remind the interviewer of the conversation topic if interrupted by a telephone call?	☐	☐

Closing the Interview

	Yes	No
Did the applicant watch for signs that the interview was over, such as the interviewer shuffling papers and moving around in the chair?	☐	☐
Did the applicant ask, "May I say one thing more?" or "Would you be interested in . . .?" if the interview seemed to be ending before all important points had been made?	☐	☐
Did the applicant thank the interviewer and leave promptly?	☐	☐

Following up the Interview

	Yes	No
Did the applicant write a thank-you letter, call, or visit again to express interest in the job and appreciation for the opportunity of being interviewed?	☐	☐

(NOTE: Even if the interviewer does not offer the position, you should learn from every situation and try to improve your interviewing techniques.)

ASSIGNMENT SHEET #5

Pair up with another student, rehearse this script or use your own, and role-play for the class to show how an interview might be conducted.

Sample Job Interview

A = Applicant

I = Interviewer

A (*Enters, pauses, smiles, approaches Dr. Considine, and shakes extended hand.*) Dr. Considine, hello, I am Jan Gentle and I am applying for the position you advertised in the *Goodcity Review.*

I Hello, Jan. Won't you have a seat?

A Thank you. I have a résumé that may be helpful to you. (*Hands Dr. Considine the résumé and sits down.*)

I This is a very well-prepared data sheet. Well, Jan, tell me about your training and work experience.

A I completed the practical nursing program in August at Promotion Area Vo-Tech School in Goodcity and have been working part-time at the Miracle Medical Center emergency room in Valley.

I Have you had any experience in assisting with minor surgical cases?

A Yes. The physicians have a small minor surgery unit adjoining the emergency room, and I was trained to assist.

I The position here is basically clinical, but I also need someone to keep charts and insurance forms up to date. Do you think you could handle those tasks?

A I certainly would try. I did take a basic bookkeeping course in high school and I am familiar with charting procedures.

I Why have you decided to change positions at this time?

A The hospital cannot hire me for full-time work, and I would like a full-time position. Also, I must drive the twenty miles to work each day, and I would rather be employed here in Goodcity.

I When would you be able to begin work?

A I will be ready to work in three weeks.

I I certainly think you might be the person we need in this clinic. I will look over your résumé and will contact you next week. Why don't you look over this personnel handbook and see if you have any further questions. We have excellent working conditions here, and the salary will increase with your experience. (*Stands up and extends hand.*)

A (*Stands up and shakes Dr. Considine's hand.*) Thank you. I will be waiting for you to call, and I will look over the handbook. Thank you again for your time. (*Exits office.*)

CAREER SUCCESS
UNIT I

ASSIGNMENT SHEET #6 — WRITE A FOLLOW-UP LETTER

NAME ______________________________ SCORE ______________

The follow-up letter is an important step in making application for a position. Even though you may not take the position or may not have it offered to you, the letter will remain in your personnel file for further reference. Sending a follow-up letter lets the employer know that you appreciate the time spent with you discussing the position and indicates that you are serious in your job pursuit.

PART I

Use the following guidelines to write a follow-up letter thanking the employer for the interview. Use any form you wish, or follow the format of the sample follow-up letter at the end of this assignment sheet.

Make sure that your letter meets the following standards.

- Typed or written perfectly
- Clean, neat, and attractively arranged on the paper
- Free of spelling, punctuation, and grammatical errors
- Sent within a day or two after the interview

Include the following points in your follow-up letter.

- Expression of appreciation for interviewer's time and interest
- Summary of your qualifications and interest in that position
- Your name, address, and telephone number (to make it easier for the employer to contact you)

Make this last bid for the job a prime example of your excellent work habits. Make the letter as clean, neat, and well-worded as you possibly can.

PART II

Address a legal-sized envelope. Be sure to type the address *exactly* the same as the inside address of the letter.

Jan Gentle
4237 Birch Avenue
Goodcity, Anystate 86590

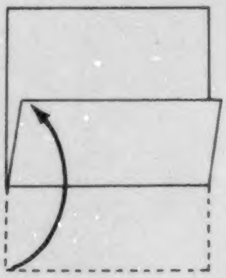
Samuel Considine, M.D.
Classic Clinic
5289 North Avenue
Goodcity, Anystate 86590

ASSIGNMENT SHEET #6

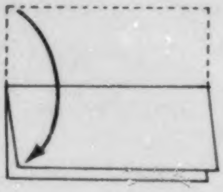
PART III

Fold letter and insert in addressed envelope.

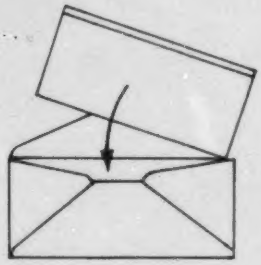
A. Fold slightly less than one-third of letter toward top



B. Fold down top of letter to within ½ inch of bottom fold



C. Insert letter into the envelope, with the last crease toward bottom of envelope



ASSIGNMENT SHEET #6

SAMPLE FOLLOW-UP LETTER

4237 Birch Avenue
Goodcity, Anystate 86590
November 15, 198-

Samuel Considine, M.D.
Classic Clinic
5289 North Avenue
Goodcity, Anystate 86590

Dear Dr. Considine:

Thank you for interviewing me for the position of staff nurse in your clinic. I feel that the opportunity and learning experience would be excellent for me and hope that I will have the opportunity to assist you and your staff.

Enclosed you will find the application form you gave to me.

I will be available for work September 1. I may be reached at my home after 4:00 P.M. My telephone number is (123) 445-1134.

Sincerely,

Jan Gentle

Jan Gentle

Enclosure

CAREER SUCCESS
UNIT I

ASSIGNMENT SHEET #7 — EVALUATE A JOB OFFER

NAME ________________________________ SCORE ____________

Applying for a job can be frightening unless you are prepared. If you are prepared and can answer all questions appropriately and present yourself well, you may be offered the position during the interview. Now that the job has been offered, are you ready to accept?

Maybe you feel that you cannot make a decision right at the time and that you need to think it over. If so, express your gratitude in a warm and friendly manner and ask if you can have a day or two to consider the opportunity you have been offered. Few employers will deny your request.

Evaluate the pros and cons of the job. Do not take the position if you think that it would be totally wrong for you. Evaluate the job offer by answering the following questions.

The Job

A. Do I clearly understand the nature of the work and is it what I want to do? Is there a written job description? Are my responsibilities reflected in the job title?

____

B. If this is not my dream job, can it be a stepping stone as I acquire the skills and experience needed for advancement?

____

C. Is the background I am building so narrow that I will have difficulty transferring it to another employer?

____

D. Will I be able to make any decisions affecting my work? Do I care?____________

____

E. Will I travel or relocate?

____

F. Will I be proud to tell my friends what I do?____________________

____

G. Is the job permanent or temporary?

____

ASSIGNMENT SHEET #7

H. If permanent, is there reasonable job security?

I. Does this job require union membership?

The Facility

A. Is the facility too large, impersonal, or too rule-oriented for my personality?

B. Is the facility too small to offer room for advancement or impressive credentials for a future resumé?

C. Does the facility have a healthy financial position and is it a growing organization?

D. Is there a high turnover of personnel, and if so, why?

E. Does the facility promote from within the ranks or turn to outsiders to fill supervisory jobs?

F. Have I met the person who would be my immediate supervisor?

G. Does the supervisor seem like the sort of person with whom I could get along?

H. Do co-workers appear to be easy to get along with?

I. Is the facility's location convenient?

J. Is the physical setting acceptable (adequate light, ventilation, cleanliness)?

ASSIGNMENT SHEET #7

K. What is the facility's reputation for fair treatment of employees?

L. Is a written personnel policy available that covers vacations, sick leave, cause for dismissal, and so forth?

Financial Rewards

A. Do the earnings meet my minimum needs? Are there automatic cost-of-living increases?

B. What is the method of payment (salary, hourly wage, overtime or shift differential)?

C. Are raises based on merit, length of service, certification, continuing education hours?

D. What fringe benefits are given (health insurance, free parking, discount privileges, malpractice insurance, uniform allowance, and others)?

When to Say "No"

Should you always turn down an offer that does not measure up?

That depends on several questions. How desperately do you need to earn money? How competitive is the field you hope to enter? Would it be best to get your foot in the door any way you can? How valuable is the experience you will gain? There are times when it is wise to accept a job that does not meet your ideal.

On the other hand, if both your logical thinking and initial feeling are bad, it may be best to say thanks, but no thanks, and look elsewhere.

CAREER SUCCESS
UNIT I

ASSIGNMENT SHEET #8 — COMPARE JOB OPPORTUNITIES

NAME ______________________________ SCORE ____________

When you are offered a job or are changing jobs, there are many factors to weigh before taking the position. You may want to ask yourself the following questions.

- What will be my take-home pay?
- What are the benefits that accompany the job?
- How much will it cost to actually be at work each day?
- Will the job be satisfying to me?
- How will the job meet my needs and aspirations?

What will be my take-home pay?

Salaries and wages are often quoted by employers as gross earnings. Gross earnings are used because tax deductions vary due to number of dependents, amount of earnings, and other information.

Optional benefits and deductions offered by an employer also differ. It is generally advisable to ask what programs are available for enrollment as these can affect the actual money you receive on payday.

What other benefits do I get from this job?

Some benefits associated with working are not always visible. Often some of these overlooked benefits are paid for in part by your employer. At the time of the interview, or when considering a position, ask about them.

Employer's contributions for your protection may include

- Health insurance
- Malpractice insurance
- Profit sharing
- Credit union
- Unemployment compensation
- Workers' uniforms
- Medical facilities and health tests
- Pensions
- Travel insurance (covering mishaps when traveling on business)
- Education programs or reimbursement for courses related to job
- Sick leave with pay
- Paid vacations and holidays
- Discount privileges, such as discounts on merchandise or services related to the job

ASSIGNMENT SHEET #8

What will it cost to work at this job?

Frequently we overlook the costs that are associated with being employed. It may be of value to calculate estimated weekly expenses before you make a decision about a job.

Estimate weekly expenses in the following areas.

Transportation	$_________	Gifts for other employees	$_________
Lunches (or cost of food eaten away from home, including soft drinks and coffee)	$_________	Special materials, uniforms, or equipment for the job	$_________
Clothing (including cleaning)	$_________	Other________________	$_________
Child care for working parent	$_________	TOTAL:	$_________

What is important to you in a job?

Take-home pay and benefits may be only part of what you want from a job. Think through what other things you consider important in a job.

List some of the most rewarding aspects of any job you have ever held.

____

____

____

____

____

On a scale of 1 to 10, with ten the most important, how might you rate the following in order of what is important to you?

______Job security (little chance you will be released from the job)

______Opportunity for advancement

______Recognition for your work

______Good wages

______Opportunity to learn and use your ideas

______Flexible working hours and long vacations

______Pleasant working conditions

______Interesting work

______Friendly co-workers

______Other ______________________

ASSIGNMENT SHEET #8

Are you ready to decide?

Now try to summarize all of the information you have gathered to reach a decision about whether you want the job or not.

A. Would the job be satisfying to me? Why or why not?

B. What are the benefits that accompany the job?

C. How much will it cost to actually be at work each day?

D. How would the job meet my needs and aspirations?

E. I estimate my take-home pay to be $__________.

F. I estimate my expenses related to working to be $__________.

G. I would most enjoy __________

H. I estimate my job benefits to be worth $__________.

CAREER SUCCESS
UNIT I

ASSIGNMENT SHEET #9 — ASK FOR A RAISE

NAME ______________________________ SCORE ______________

Asking for a raise . . . the ideal situation exists when true merit is recognized and never needs to be called to the employer's attention. If your situation is not ideal, what can you do? Obviously, there is only one answer: you must bring the matter up; you must ask for a raise.

Use the guidelines below to role-play asking for a raise with another student or a resource person provided by your teacher.

A. Before you speak at all, give your request considerable thought and study.

B. Determine if you are justified in asking for a promotion or a raise by making a good case for yourself in writing. Be objective!

EXAMPLES: Is there a standard for your work in your office? If so, how does your production compare with this standard?

How many patients have you handled without a complaint?

What additional skills have you acquired since you were hired?

If you were to take an employment test at this point, would you do significantly better than on the one you took when you applied for your job?

C. Check your attitudes and work habits.

EXAMPLES: Are you always prompt in arriving for work?

Do you work overtime without complaint when it is necessary?

How many days of work have you missed because of illness?

Are you considered cooperative by your supervisors and your co-workers?

When you finish the work assigned, do you find something else to do?

D. Ask your employer for an appointment.

E. Bring your notes with you to your interview.

F. Explain your progress.

EXAMPLE: "______________, I have enjoyed my work here very much. You may be interested in the progress I have made since I was hired two years ago."

ASSIGNMENT SHEET #9

(NOTE: If you are confident of your worth, you will be able to respond pleasantly to any gruffness or lack of enthusiasm on your employer's part. If the employer challenges your statements, see that you neither back down nor become defensive. Simply and calmly bring up the case that you have prepared. After all, it is merely another employment interview, and you passed the first one.)

G. Thank your employer for the interview and for the time spent.

H. Leave.

(NOTE: Go back to your work and be patient. Even if your employer seemed impressed with your facts, you must not expect your raise at once. The employer may intend to grant your request after conferring with other members of the firm. *Do not ruin a good case by becoming a nuisance.*)

I. After two weeks, ask your employer if any decision has been made.

(NOTE: Keep your tone friendly but impersonal. Too much emotion has ruined more than one good cause. Even though you may deserve a raise, circumstances, such as budget, may prevent your employer from giving you a raise.)

CAREER SUCCESS
UNIT I

ASSIGNMENT SHEET #10 — WRITE A LETTER OF RESIGNATION

NAME ____ SCORE ________________

It is not unusual for a person to change jobs a number of times before finding a position regarded as permanent. Part of the total career success involves notifying your present employer of your departure in a positive way. How do you leave with a good impression?

If notice can be given in person, you should do so. It is a forthright, open-handed, and natural method. It usually takes little time, but it affords the opportunity for a discussion which could lead to improved understanding and perhaps other advantages. However, sometimes a letter is necessary because of the distance involved or the difficulty of arranging an interview with the proper official.

A good letter of resignation, including one that merely confirms a conversation, has many possible advantages. Written in a spirit of friendliness and cooperation, it can be a valuable addition to your personnel file. Later on, if supplying a recommendation, a supervisor may wish to see your file to refresh his or her memory about you. Your letter of resignation will show that you apparently left on friendly terms and gave notice in writing. Under the principle of "all's well that ends well," the letter may cause a better recommendation than would otherwise be written. It can also provide a favorable climate for you to rejoin the company, if you should choose to return in the future.

Use the following guidelines and the sample letter of resignation at the end of this assignment sheet to write your own letter of resignation.

A. Address the letter to the nearest supervisor or department head above you.

B. Imply that your departure will be an inconvenience.

C. Begin with a statement that will be of interest and will appeal to your reader.

EXAMPLES: Show appreciation for the months/years of employment under this company's management.

Acknowledge the confidence placed in you by various advancements.

Comment on the rewarding experience you have acquired under the supervisor's direction.

(NOTE: The purpose of this introductory sentence is to place your reader in a relaxed frame of mind to be receptive to the message that follows.)

D. Give positive reasons for going to the new job; avoid negative reasons for leaving the present job.

E. Mention the name of the new employer and the position you are to fill.

ASSIGNMENT SHEET #10

F. Give an appropriate time notice.

(NOTE: This time interval should be reasonable enough to allow the company to get a suitable replacement. There is no set time that can be quoted. Sometimes a two week interval is sufficient; sometimes an even longer period of time is necessary. Usually the higher you are in the organization, the more likely it is that you should give notice of a month or more.)

G. End on a constructive or encouraging note.

EXAMPLES: Request a personal interview to explain in greater detail.

Offer to extend the departure date, if possible, while a replacement is being found.

Suggest a possible replacement if that is not out of place.

Simply offer to be available to help in the transition as you are needed.

ASSIGNMENT SHEET #10

SAMPLE RESIGNATION LETTER

June 3, 1985

Dr. R. Redford
Busy Medi Center
1313 Gallop
Metropolitan, America 12345

Dear Dr. Redford:

Two weeks ago I had no idea I might be writing you this letter. I must say my two years here at Busy Medi Center have been rewarding and valuable. I appreciate all the guidance and educational opportunities given to me.

Last week, however, I received an excellent job offer that will enable me to progress in the field of gerontology, my major field. Rocking Chair Acres has offered me a position as director of in-service education. It will give me the opportunity to direct others in care giving for the geriatric patient. The administrator also has told me there will be an opportunity for me to take extension courses toward my degree, and these courses will help me in my work.

I have decided to accept the offer and will be leaving this position on August 3, 1985. This will give you time to find someone to be trained for my position. In the time before I leave, I will be glad to assist the new nurse in this position.

If there is anything else I can do to help the center prepare for my departure, I shall be happy to be of service.

Respectfully,
Donna Mayes
Donna Mayes

CAREER SUCCESS
UNIT I

ASSIGNMENT SHEET #11 — EVALUATE PERSONAL HABITS ASSOCIATED WITH CAREER SUCCESS

NAME ______________________ SCORE ____________

Good habits are necessary in order to establish good human relations and a good relationship with co-workers, employer, and clients.

PART I

Complete the following personal evaluation.

(NOTE: If you have not yet been employed, base your evaluations on "work situations" in the classroom.)

	Yes	No
Working with Co-Workers (or Students)		
Do you do your own work and not leave it for someone else to do?	☐	☐
Do you clean up after yourself?	☐	☐
Are you willing to learn from others about how to do a job better?	☐	☐
Do you contribute to the morale and team spirit at your place of business?	☐	☐
Do you learn names of people with whom you work as soon as possible?	☐	☐
Do you take a sincere interest in co-workers, their families, and their interests?	☐	☐
Are you a good listener?	☐	☐
Do you admit mistakes without making excuses?	☐	☐
Do you assume blame for things that are your fault?	☐	☐
Do you avoid gossip?	☐	☐
Do you support co-workers?	☐	☐
Working with Employer (or Teacher)		
Are you cheerful?	☐	☐

ASSIGNMENT SHEET #11

	Yes	No
Do you think that your job is a privilege, not a right?	☐	☐
Do you try always to do the best you can?	☐	☐
Do you know your job?	☐	☐
Are you on the job unless excused?	☐	☐
Are you on time and ready to work?	☐	☐
Do you try to avoid waste of all kinds (material, time, equipment)?	☐	☐
Do you look for a better way to do the job?	☐	☐
Do you tell the truth, and are you sincere?	☐	☐
Do you ask questions when you need help?	☐	☐
Do you try to see the employer's side when there is a problem?	☐	☐
Working with Patients		
Do you know what is expected of you and do your job well?	☐	☐
Do you give professional treatment to patients?	☐	☐
Do you keep promises made to patients?	☐	☐
Are you polite to patients?	☐	☐
Do you recognize patients as buyers of your service and give them their money's worth?	☐	☐
Are you sincere?	☐	☐
Do you smile?	☐	☐
Are you friendly, interested, and sympathetic?	☐	☐
Do you gain the patients' confidence and listen?	☐	☐
Do you try not to rush the patients?	☐	☐
Do you avoid arguing with an angry patient?	☐	☐

ASSIGNMENT SHEET #11

	Yes	No
Do you avoid comments that might upset a patient?	☐	☐
Do you refer matters you cannot handle to a supervisor?	☐	☐
Do you treat each patient as an individual?	☐	☐
Do you take pride in winning a patient's friendship?	☐	☐

PART II

Review your personal evaluation and then answer the following questions.

A. What do you feel are your strengths in personal habits associated with career success?

B. What do you feel are your weaknesses in personal habits associated with career success?

CAREER SUCCESS
UNIT I

ANSWERS TO ASSIGNMENT SHEETS

Assignment Sheet #1 — Evaluated to the satisfaction of the instructor

Assignment Sheet #2 — Evaluated to the satisfaction of the instructor

Assignment Sheet #3 — Evaluated to the satisfaction of the instructor

Assignment Sheet #4 — Evaluated to the satisfaction of the instructor

Assignment Sheet #5 — Evaluated to the satisfaction of the instructor

Assignment Sheet #6 — Evaluated to the satisfaction of the instructor

Assignment Sheet #7 — Evaluated to the satisfaction of the instructor

Assignment Sheet #8 — Evaluated to the satisfaction of the instructor

Assignment Sheet #9 — Evaluated to the satisfaction of the instructor

Assignment Sheet #10 — Evaluated to the satisfaction of the instructor

Assignment Sheet #11 — Evaluated to the satisfaction of the instructor

CAREER SUCCESS
UNIT I

TEST

NAME ______________________________ SCORE ____________

1. Match to their correct definitions terms associated with career success. Write the correct numbers in the blanks.

_____a. Classified advertisement placed by individual seeking employment and indicating job seeker's qualifications

_____b. Advertisement telling what kind of job is available and what kind of qualifications are required

_____c. Classified advertisement that does not identify the advertiser

_____d. Written summary of information about an individual that would be of interest to a prospective employer

_____e. Brief autobiographical sketch

_____f. Additional salary paid by some health care institutions to persons who work evening or night shifts

_____g. Policy that covers health care worker in case of accident or injury to person receiving care

_____h. Legal written document giving permission for person to work as a graduate practical nurse in an unlicensed capacity

1. Liability insurance
2. Blind ad
3. Employment/situation wanted ad
4. Résumé/personal data sheet
5. Shift differential pay
6. Help wanted ad
7. Vita
8. Interim work permit

2. List areas of employment available for licensed practical nurses.

a. ______________________________

b. ______________________________

c. ______________________________

d. ______________________________

TEST

e. ____

f. ____

g. ____

h. ____

i. ____

3. State responsibilities of practical nurses related to career success.

a. ____
____

b. ____
____

c. ____
____

d. ____
____

e. ____
____

f. ____
____

g. ____
____

h. ____
____

i. ____
____

j. ____
____

TEST

k. ______________________________

____

4. Select from the following list general guidelines to follow for state board examination. Write an "X" in the blank before each correct answer.

_____a. Before the published deadline, complete and file appropriate application forms for certification by examination with the Board of Nursing

_____b. Review for examination, using an effective system

_____c. Prepare yourself physically and mentally for the day of the examination

_____d. Bring to the testing site appropriate admission forms sent to you by the Board of Nurse Registration to enable you to be admitted to the examining room

_____e. Carefully read all directions for the test so that you will understand each procedure, including scoring rules, penalties for incorrect answers, and time limits

_____f. Try to relax as you take the examination; read the major stem of each question carefully to make sure that you understand the key points of the question

_____g. Leave the examination with a positive thought that you did the best you could do

_____h. Scan the entire test to assess the difficulty of the questions

_____i. Review each resource textbook the night before the examination

_____j. Bring review notes to the examination site

5. State criteria for licensure.

Licensure by endorsement

a. ______________________________

____

____

b. ______________________________

____

____

TEST

c. __________

d. __________

License renewal

a. __________

b. __________

c. __________

d. __________

e. __________

f. __________

6. List characteristics that employers look for in an employee.

a. __________

b. __________

c. __________

d. __________

e. __________

TEST

f. ______________________________

g. ______________________________

h. ______________________________

7. Arrange in order steps to take in finding and securing a job. Write a "1" before the first step, a "2" before the second step, and so on.

_____a. Prepare for a job interview

_____b. Make a list of employer possibilities

_____c. Write down a complete self-inventory

_____d. Estimate salary

_____e. Make a list of possible contacts to help you in your job search

8. Name sources for locating employment opportunities.

a. ______________________________

b. ______________________________

c. ______________________________

d. ______________________________

e. ______________________________

f. ______________________________

g. ______________________________

h. ______________________________

9. Distinguish between private and public employment agencies specializing in health care positions. Write a "PR" in the blanks before private agencies and a "PU" in the blanks before public agencies. Some blanks may contain more than one answer.

_____a. Do not charge placement fee for services

_____b. Require a signed contract between employee and employer

_____c. May be certified for federal and state reimbursements

_____d. Are supported by state or federal government funds

TEST

______e. Have specific requirements for employees

______f. Give helpful aptitude tests and counseling if needed

______g. Are controlled by state laws

______h. May charge a placement fee

______i. Are usually licensed and bonded

______j. May provide additional benefits to the employee

10. List guidelines for telephoning for an interview appointment.

a. ______________________________

b. ______________________________

c. ______________________________

d. ______________________________

e. ______________________________

f. ______________________________

g. ______________________________

h. ______________________________

i. ______________________________

11. Select from the following list guidelines for dressing for an interview. Write an "X" in the blank before each correct answer.

______a. Consider the type of job

______b. Wear your uniform to the interview

______c. Dress to fit the salary range of job

______d. Strive to look fashionable

______e. Wear your most comfortable clothing

______f. Coordinate clothing

______g. Be conservative and modest

______h. Be well-groomed

TEST

12. List documentation needed when applying for a job.

a. ____

b. ____

c. ____

13. List steps in preparing for a job interview.

a. ____

b. ____

c. ____

d. ____

e. ____

f. ____

g. ____

h. ____

i. ____

j. ____

k. ____

l. ____

14. List common observations made by the employer during an interview.

General appearance

a. ____

b. ____

c. ____

Manners and personality

a. ____

b. ____

TEST

c. ______________________________

d. ______________________________

e. ______________________________

f. ______________________________

g. ______________________________

Self-expression

a. ______________________________

b. ______________________________

c. ______________________________

Personal interests and activities

a. ______________________________

b. ______________________________

c. ______________________________

Past work experience

a. ______________________________

b. ______________________________

c. ______________________________

Education and personal preparation

a. ______________________________

b. ______________________________

c. ______________________________

15. Select from the following list guidelines for a successful interview. Write an X" in the blank before each correct answer.

_____a. Act enthusiastic, attentive, and interested

_____b. Greet the interviewer by name; state your name and the job for which you are applying

TEST

_____c. Discuss personal life to help get better acquainted

_____d. Remain standing until invited to be seated

_____e. Use good posture

_____f. Answer questions directly and truthfully

_____g. Speak freely, distinctly, and to the point

_____h. Be a good listener; maintain good eye contact

_____i. Use tact in asking for information that has been overlooked

_____j. Emphasize your political views

_____k. Focus attention on your strong points; admit limitations honestly

_____l. Recognize when the interview is over; thank the interviewer, reemphasize your interest in the position, and leave courteously

_____m. Discuss any changes that you see need to be made in the facility

_____n. Write a follow-up letter thanking the employer for the interview

16. List common employee benefits.

a. ____________________

b. ____________________

c. ____________________

d. ____________________

e. ____________________

f. ____________________

g. ____________________

h. ____________________

i. ____________________

j. ____________________

k. ____________________

TEST

l. ______________________________

m. ______________________________

n. ______________________________

17. State ways to increase self-satisfaction in a career.

a. ______________________________

b. ______________________________

c. ______________________________

d. ______________________________

e. ______________________________

f. ______________________________

18. List ways to continue education in the nursing profession.

a. ______________________________

b. ______________________________

c. ______________________________

d. ______________________________

19. Select from the following list reasons why people lose jobs. Write an "X" in the blank before each correct answer.

_____a. Lack of assertiveness

_____b. Lack of technical knowledge

_____c. Poor human relations and attitude

_____d. Introverted personality

_____e. Low dedication to work ethic

(NOTE: Test questions 20-30 list the assignment sheets. They are an important part of this test. If they have not been completed, check with your instructor.)

20. Prepare a résumé.

21. Use a telephone to arrange a job interview.

TEST

22. Write a cover/application letter.
23. Complete an employment application form.
24. Participate in a job interview.
25. Write a follow-up letter.
26. Evaluate a job offer.
27. Compare job opportunities.
28. Ask for a raise.
29. Write a letter of resignation.
30. Evaluate personal habits associated with career success.

CAREER SUCCESS
UNIT I

ANSWERS TO TEST

1. a. 3
   b. 6
   c. 2
   d. 4
   e. 7
   f. 5
   g. 1
   h. 8

2. a. Physicians' offices
   b. Industries
   c. Health institutions
   d. Schools
   e. Private duty in hospitals or homes
   f. Summer camps
   g. Public health departments
   h. Military services
   i. Volunteer groups

3. a. Maintaining nursing license as outlined by the Board of Nursing or the Board of Examiners
   b. Following *all* guidelines set by the State Board of Nursing and the Nurse Practice Act
   c. Upholding standards of nursing care to provide consistent, safe, quality care of patients
   d. Becoming a model of professionalism in dress, act, and demeanor
   e. Becoming an active member in your professional organizations
   f. Keeping current in your profession by taking the opportunities available to learn new skills and knowledge
   g. Continuing to further your education and practice by moving up the educational career ladder

ANSWERS TO TEST

- h. Maintaining an open mind at all times by striving to be nonjudgmental
- i. Protecting yourself in all practices by performing only procedures in which you are skilled
- j. Obtaining personal liability insurance
- k. Realizing the importance of documenting all procedures, equipment used, and patient responses

4. a, b, c, d, e, f, g

5. **Licensure by endorsement**

   - a. A license to practice as a licensed practical nurse may be issued by the Board of Nursing without written examination to a person duly licensed in another state if the applicant meets the requirements of the endorsing state
   - b. Applicants from foreign countries must be able to write, speak, and understand English, in addition to other requirements set by the State Board of Nursing
   - c. Application for license by endorsement in another state should be made to that state's Board of Nursing
   - d. A temporary license must be obtained if the applicant wants to be employed as a nurse pending issuance of the permanent license

License renewal

- a. Licenses are issued for a certain period of time in each state
- b. Application for renewal is mailed to the licensed nurse at the last known address
- c. A license that has lapsed may be reinstated when a reinstatement fee is paid in addition to the current annual fee
- d. A licensed nurse who does not wish to practice nursing may request in writing to be placed on an inactive list
- e. Earning a specified number of continued education units (CEUs) is mandatory for license renewal in some states
- f. Licenses may be revoked for a number of reasons according to the rules and regulations of the Nurse Practice Act and by the Board of Nurse Registration and Nursing Education

ANSWERS TO TEST

6. a. Ability to learn institutional procedures and policies
   b. Ability to perform work safely and accurately
   c. Initiative to take advantage of continuing education opportunities, including the review of professional journals to learn new procedures
   d. Dependability to be at work on time whenever scheduled
   e. Knowledge of all skills required for the job and willingness to learn new skills
   f. Efficiency in planning work time carefully and using equipment properly
   g. Cooperation with all fellow employees
   h. Honesty in all you do and say

7. a. 4
   b. 2
   c. 1
   d. 5
   e. 3

8. a. Other people
   b. Newspapers
   c. Employment agencies
   d. Former employers
   e. Health facility personnel offices
   f. School placement services
   g. Professional journals and newsletters
   h. Nurse's registry

9. a. PU
   b. PR
   c. PR
   d. PU
   e. PR
   f. PU
   g. PU, PR
   h. PR
   i. PR
   j. PR

ANSWERS TO TEST

10. a. Plan in advance what you want to say

    b. Know the name of the employer or the interviewer

    c. Call during regular business hours

    d. State your name clearly; spell it if necessary

    e. Speak confidently, clearly, and distinctly

    f. Be courteous and businesslike

    g. Request a personal interview; make sure to state which job you wish to apply for

    h. Be certain of the time and place of the appointment, and write down the pertinent information

    i. Make the conversation brief and to the point; thank the person for the appointment

11. a, c, f, g, h

12. a. Personal data sheet/résumé or vita

    b. Letter of application

    c. Evidence of education

13. a. Learn what you can about the institution or office

    b. Assemble necessary papers

    c. Know what you have to offer

    d. Know why you want to work for the institution or office

    e. Get a good night's rest

    f. Dress appropriately

    g. Arrive early

    h. Use appropriate titles

    i. Tell the receptionist or secretary your name, whom you are to see, why you are there, and the time of your appointment

ANSWERS TO TEST

- j. Maintain a composed, calm manner
- k. Be courteous and friendly
- l. Be prepared to fill out an employment application form

14. **General appearance**

    - a. Personal appearance and grooming
    - b. General health condition
    - c. Overall attitude

    Manners and personality

    - a. Level of maturity
    - b. Friendliness and sense of humor
    - c. Poise
    - d. Initiative
    - e. Enthusiasm
    - f. Confidence
    - g. Honesty and sincerity

    Self-expression

    - a. Abilty to think and speak clearly
    - b. Speaking voice, including diction and grammar
    - c. Ability to ask intelligent questions and respond to questions

    Personal interests and activities

    - a. Interest in community activities
    - b. Awareness of current events
    - c. Recreational and cultural interests

ANSWERS TO TEST

Past work experience

a. Previous occupations

b. Salary levels

c. Reason for leaving last employment

Education and personal preparation

a. Interest in job requirements

b. Willingness to accept responsiblity

c. Desire to continue education

15. a, b, d, e, f, g, h, i, k, l, n

16. a. Unemployment compensation or insurance

b. Workmen's compensation

c. Hospitalization and life insurance for the employee

d. Uniforms

e. Parking lot spaces

f. Shift differential pay

g. Paid time off for vacations, holidays, coffee or rest breaks, sick leave

h. Opportunity to belong to a credit union

i. Subsidized cafeteria

j. Medications and treatment at a discount

k. Preemployment physical

l. Continuing education programs

m. Liability insurance

n. Merit pay

17. a. Have a positive attitude

b. Be enthusiastic

ANSWERS TO TEST

c. Keep an open mind

d. Read all of the journals, newsletters, and textbooks available that pertain to your profession

e. Join and be active in your professional organizations

f. Volunteer to attend any workshops or in-service programs that your institution might offer

18. a. Attending in-service programs

b. Taking courses at junior colleges or universities

c. Taking courses offered by professional organizations

d. Taking adult education courses in vocational and technical schools

19. b, c, e

20. Completed to the satisfaction of the instructor

21. Completed to the satisfaction of the instructor

22. Completed to the satisfaction of the instructor

23. Completed to the satisfaction of the instructor

24. Completed to the satisfaction of the instructor

25. Completed to the satisfaction of the instructor

26. Completed to the satisfaction of the instructor

27. Completed to the satisfaction of the instructor

28. Completed to the satisfaction of the instructor

29. Completed to the satisfaction of the instructor

30. Completed to the satisfaction of the instructor